

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -7 AM 9:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

POP0000045952
CONQUEROR ENTERPRISES, INC.

2. Principal Office Address

8447 NW 61 Street

Suite, Apt. #, etc.

City & State

TAMARAC, FL 33321

Zip

33321

Country

USA

3. Mailing Office Address

P.O. Box 825611

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL 33082

Zip

33082

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 1999

5. FEI Number

65-0920924

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHARNELL JACKSON

Street Address (P.O. Box Number is Not Acceptable)

8447 NW 61 Street

Suite, Apt. #, Etc.

City

TAMARAC, FL

State

FL

Zip Code

33321

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Sharnell Jackson

REGISTERED AGENT MUST SIGN

Date 1/26/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

Pres.

SHARNELL JACKSON

8447 NW 61 Street

TAMARAC, FL 33321

KE

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Sharnell Jackson SHARNELL JACKSON

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/01

Daytime Phone #

954-722-1344

CR2ED81 (9/00)