

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN -7 AM 10:27

DOCUMENT # 999000040812

1. Corporation Name
ENTERPRISE FUNDING OF PALM BEACH, INC.

2. Principal Office Address 450 S.W. 5th Avenue		3. Mailing Office Address 450 S.W. 5th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL 33315		City & State Fort Lauderdale, FL 33315	
Zip 33315	Country USA	Zip 33315	Country USA

REINSTATEMENT 0001

4. Date Incorporated or Qualified To Do Business in Florida **5/25/99**

5. FEI Number **65-0921312** 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
Georjey Pavlovics

Street Address (P.O. Box Number is Not Acceptable)
1481 SW 29th Avenue

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33315

900004434999-2
-06/21/01--01034-116
*****900.00 ***900.00**

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 *Georjey Pavlovics* REGISTERED AGENT MUST SIGN Date _____

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
p	GEORGE PAVLOVIC	1481 SW 29th Avenue	Fort Lauderdale, FL 33315

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: *Georjey Pavlovics* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E061 (9/00)