

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 # 99000040812

**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

**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

REINSTATEMENT 0001

**7. Name and Address of Current Registered Agent**

Name

Georgiy 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

**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

*Georgiy 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (9/00)