

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -6 AM 7:47

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
02-03-UBR
DIVISION OF CORPORATIONS

DOCUMENT # P99000077324

1. Corporation Name
ENS, Corp

2. Principal Office Address
2623 Coolidge St

Suite, Apt. #, etc.

City & State
Hollywood, FL

Zip Country
33020 USA

3. Mailing Office Address
2623 Coolidge St

Suite, Apt. #, etc.

City & State
Hollywood, FL

Zip Country
33020 USA

4. Date Incorporated or Qualified To Do Business in Florida 08/30/99

5. FEI Number
59-3595050

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
Rita Bradford
Street Address (P.O. Box Number is Not Acceptable)
2623 Coolidge St.
Suite, Apt. #, Etc.

City
Hollywood
State
FL
Zip Code
33020

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
Rita Bradford
REGISTERED AGENT MUST SIGN
Date 07/21/03

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	Rita Bradford	2623 Coolidge St.	Hollywood, FL 33020

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: Rita Bradford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 07/21/03
(786) 826-9117
Daytime Phone # 817

ENS Corp.
2623 Coolidge St.
Hollywood, FL 33020
Tel: (786) 326-9117

July 21, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement of ENS, Corp.
Document Number: P99000077324

Dear Sir or Madam,

Our accountant has recently informed us that our corporation was in an dissolved state due to our failure to send in the annual statements.

ENS has not received our annual statements. I suspect that this is because we have moved several times:

4780 Kumquat St. Cocoa, FL 32927

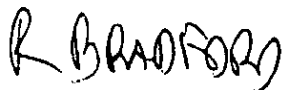
4760 Kumquat St. Cocoa, FL 32927

2525 Hayes St. Hollywood, FL 33020

2623 Coolidge St. Hollywood, FL 33020

I have paid any monies that were due, and am attaching a reinstatement form.

Thank you for your assistance



Rita Bradford, President