


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 FEB 14 PM 2:13

DOCUMENT # P99000093396

1. Corporation Name

ENTERPRISE MANAGEMENT
SOLUTIONS, Inc

2. Principal Office Address

1811 N. Belcher Rd

3. Mailing Office Address

Suite, Apt. #, etc.

I-1

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

33765

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-21-99

5. FEI Number

59-3608718

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

Adam Alonso

400004953804--0

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

1811 N. Belcher Rd, I-1

02/19/02-01016-010

****308.75 ****308.75

Suite, Apt. #, Etc.

City

Clearwater

State


FL

Zip Code

33765

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

X 

REGISTERED AGENT MUST SIGN

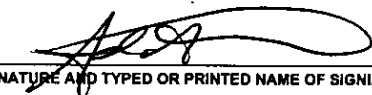
Date 1/18/02

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
PD	ADAM ALONSO	1811 N. Belcher, I-1	Clearwater, FL 33765

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: X



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 727-712-1479

Date

Daytime Phone #

CR2E081 (9/01)