

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

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

2000UBR

FILED
00 DEC -7 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000109074**

1. Corporation Name

E.J. NATIONAL INVESTMENT, INC.

2. Principal Office Address

4832 N STATE RD 7

3. Mailing Office Address

4832 N STATE RD 7

Suite, Apt. #, etc.

APT #204

Suite, Apt. #, etc.

APT #204

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1997

5. FEI Number

65-0960716

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

JAIME ACOSTA

100003506251--1

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

4832 N STATE RD 7

12/19/00-01088-006

******150.00 ****150.00**

Suite, Apt. #, Etc.

APT. #204

City

COCONUT CREEK, FL

State

FL

Zip Code

33073

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

Jaime Acosta
REGISTERED AGENT MUST SIGN

Date **12/01/2000**

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
AD	JAIME ACOSTA	4832 N STATE RD 7	COCONUT CREEK FL 33073
VP/D	MARTHA VILLA	4832 N STATE RD 7	COCONUT CREEK FL 33073

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

12/01/2000

Date

954-426-9483

Daytime Phone #