

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
2001 UBR



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

FILED

01 APR 24 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109074

1. Corporation Name

E.J. NATIONAL INVESTMENT, INC.

2. Principal Office Address

4832 N STATE RD 7

Suite, Apt. #, etc.

APT #204

City & State

COCONUT CREEK, FL

Zip

33073

Country

BROWARD

3. Mailing Office Address

4832 N STATE RD 7

Suite, Apt. #, etc.

APT #204

City & State

COCONUT CREEK, FL

Zip

33073

Country

BROWARD

2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1999

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

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

4832 N STATE RD 7

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

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-05/21/01--01154--008
****150.00 ****150.00

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

04/19/01 954-426-9483
12/01/2000 954-426-9483

Date

Daytime Phone #

CR2331 (2-99)