

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1302

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 20 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023754

1. Corporation Name

EAE Enterprises Corp.

2. Principal Office Address

2164 NW 7 St.

Suite, Apt. #, etc.

3. Mailing Office Address

2164 NW 7 St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33125

Country

Zip

33125

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2001

5. FEI Number

65-1083338

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

Luis Medina

600023609356

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

15625 SW 59 Street

10/07/03--01015--001 **150.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date

10/15/03

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	Ferrufino, Anabel	2164 NW 7 Street	Miami, FL 33125

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

10/03/03

Date

305-6446050

Daytime Phone #

CR2E081 (10/02)

2-2

May 5, 2003

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: EAE Enterprises Corp
P01000023754

Gentlemen:

It has come to our attention that our corporation was dissolved for failure to file the annual business report. We were unaware that the report had not been filed and since we sold the business located at Flagler street and moved it appears that we never got the form. Please note that we had already changed our address with your department, unaware that the report had not been filed.

We are sending a check for \$150.00 and requesting that the late fee be waived.

Sincerely:


Anabel Ferrufino
President
