

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

02 FEB 22 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION**  
~~REINSTATEMENT~~

**DOCUMENT #** 309134  
1. Corporation Name  
E.S.P.A. APTS, INC.

2. Principal Office Address  
1909 79th Street Causeway  
Suite, Apt. #, etc.

3. Mailing Office Address  
3675 S.W. 24 Street  
Suite, Apt. #, etc.

City & State  
Miami Beach, FL  
Miami, FL

Zip Country  
33141 USA  
33145 USA

7/8

2000-2002 VBR

4. Date Incorporated or Qualified To Do Business in Florida 09/14/1966

5. FEI Number 59-1164747  
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 Karl M. Sachs, CPA  
Street Address (P.O. Box Number is Not Acceptable) c/o Sachs & Focaracci, P.A., 3675 S.W. 24 Street  
Suite, Apt. #, Etc.

City Miami State FL Zip Code 33145

000005097330-4  
-03/12/02--01058--23  
\*\*\*458.75 \*\*\*458.75

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 \_\_\_\_\_ Date 2/19/12  
REGISTERED AGENT MUST SIGN

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
President Director	Joan S. Dunphy	P.O. Box 669	Far Hills, NJ 07931
Sec./ Treasurer/ Director	Raphael Steinhardt	2121 N.E. 190 Terrace	N. Miami Beach, FL 33179

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)(f), 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 \_\_\_\_\_ Date 2/19/2012 Daytime Phone # 705-8761 754-8761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2061 (9/00)



# Sachs & Focaracci, P.A.

*Certified Public Accountants*

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February 14, 2002

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

RE: Corporation Reinstatement  
for E.S.P.A. Apts., Inc.  
TIN: 59-1164747

Dear Sir or Madam:

As per our conversation with Barbara from your offices, enclosed please find a completed a completed Corporation Reinstatement form for E.S.P.A. Apts., Inc. At this time, we are requesting that late fees be waived being that the Corporation Annual Report Forms were never received by us, and Barbara confirmed that the postal service had returned them to you.

In addition, enclosed please find a check in the amount of \$458.75, covering the reinstatement fees of \$450.00, plus \$8.75 cost for a Certificate of Status to be sent to our office.

Thanking you in advance for your immediate attention to this matter.

Very truly yours,

SACHS & FOCARACCI, P.A.



Karl M. Sachs, CPA

KMS/ocb

Enclosure

Members of American and Florida Institutes of Certified Public Accountants