

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

FILED

01 APR 27 AM 8:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # M198600000516

1. Limited Liability Company's Name

ESCO, LLC  
25 Hubble  
IRVINE, CA 92618

2. Principal Office Address

3. Mailing Office Address

25 Hubble

25 Hubble

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

IRVINE CA

IRVINE CA

Zip

Country

Zip

Country

92618

USA

92618

USA

4. State/Country of Formation

CA/USA

5. Date Organized or Qualified To Do Business in Florida

5/26/98

6. FEI Number

33-0777092

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

**\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

600004134666-3

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

C/O CT CORPORATION, 1200 SOUTH PINE ISLAND ROAD

05/03/01 01124-021

\*\*\*250.00 \*\*\*250.00

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

David I. Farber

**DAVID I. FARBER  
 ASSISTANT SECRETARY**

Date 02/23/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>RON CIOFFI</u>	<u>25 Hubble</u>	<u>IRVINE, CA 92618</u>

**REINSTATEMENT**

00-01-045  
dec

over paid 4500

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

R. Cioffi

Date 12/1/00

Daytime Phone # 949-788-2034

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/00)