

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

01 NOV 21 PM 12:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P0000039820**

1. Corporation Name

**E-SOLUTIONS COMPANY, INC.**

Principal Place of Business

2741 OCEAN CLUB BLVD., SUITE 304  
 HOLLYWOOD FL 33019

Mailing Address

2741 OCEAN CLUB BLVD., SUITE 304  
 HOLLYWOOD FL 33019



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

915 NW 1ST AVENUE  
 SUITE L-211

City & State  
 MIAMI, FLORIDA

Zip 33136 Country USA

3. New Mailing Office Address, If Applicable

915 NN 1ST AVENUE  
 SUITE L-211

City & State  
 MIAMI, FLORIDA

Zip 33136 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

04/14/2000

5. FEI Number

65-1008969

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTSD	ORDONEZ, LOUIS JR.	2741 OCEAN CLUB BLVD., SUITE 304	HOLLYWOOD FL 33019
			800004717188--1 -12/10/01--01101--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ORDONEZ, LOUIS JR.  
 2741 OCEAN CLUB BLVD., SUITE 304  
 HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name **ORDONEZ, LOUIS JR.**  
 Street Address (P.O. Box Number is Not Acceptable) **915 NW 1ST AVENUE**  
 Suite, Apt. #, Etc. **SUITE L-211**  
 City **MIAMI** State **FL** Zip Code **33136**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/19/01

11. 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:

**LOUIS ORDONEZ, JR.** 11/14/01 (305) 379-8879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)