

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION  
 FOR  
 REINSTATEMENT

FILED

DOCUMENT # **P000011252**

03 AUG 14 AM 8:24

1. Corporation Name  
**ESM ENTERPRISES, INC.**

SECRETARY OF STATE  
 TA... REINSTATEMENT **02-03**

Principal Place of Business Mailing Address  
~~744 E BURGESS RD~~ P O BOX 15252  
~~6109~~ PENSACOLA FL 32514  
 PENSACOLA FL 32504



300021520463  
 07/14/03--01074--012 \*\*\$00.00

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

2. New Principal Office Address, If Applicable <b>2401 Executive Plaza Dr</b> Suite, Apt. #, etc. <b>Bldg 5</b> City & State <b>Pensacola, FL</b> Zip <b>32504</b>		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <b>12/04/2000</b>	
				5. FEI Number <b>59-3684298</b> Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PS	POLLAK, WILLIAM D II POLLAK, WILLIAM D II	2189 KEATS DR	PENSACOLA FL 32503

300021520463  
 08/14/03--01005--008 \*\*\$00.00

02-03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUSTON, GARY W  
 125 W ROMANA, STE 800  
 PENSACOLA FL 32501

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	<b>FL</b>

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. or 617.0505, F.S.

Signature of Registered Agent *Gary W. Huston*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **June 9, 2003**

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: *William D. Pollak, II*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William D. Pollak, II** **7-8-03** **8504776558**  
 Date Daytime Phone #

CR2E040 (8/02)