

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 DEC 27 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BY 12-28-07



DOCUMENT # P05000101567  
1. Entity Name  
ESCA INVESTMENTS NETWORK, INC.



Principal Place of Business  
433 MULBERRY GROVE ROAD  
ROYAL PALM BEACH, FL 33411 US

Mailing Address  
433 MULBERRY GROVE ROAD  
ROYAL PALM BEACH, FL 33411 US

2. Principal Place of Business - No P.O. Box #  
7900 Harbor Island Dr.  
Suite, Apt. #, etc. #1220  
City & State North Bay Village, FL  
Zip 33141 Country US

3. Mailing Address  
7900 Harbor Island Dr.  
Suite, Apt. #, etc. #1220  
City & State North Bay Village, FL  
Zip 33141 Country US

1 D2007 REINSTATEMENT CB2E098 (1/07)  
**REINSTATEMENT**  
4. FEI Number 20-3178209 Applied For Not Applicable

6. Name and Address of Current Registered Agent  
ESTRADA, DIEGO F  
433 MULBERRY GROVE ROAD  
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent  
Name Estrada, Diego F.  
Street Address (P.O. Box Number is Not Acceptable)  
7900 Harbor Island Dr #1220  
City North Bay Village FL Zip Code 33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Diego Estrada DATE: 12-28-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS   |                                 |
|--|---------------------------------|
| TITLE: P<br>NAME: ESTRADA, DIEGO F<br>STREET ADDRESS: 433 MULBERRY GROVE ROAD<br>CITY-ST-ZIP: ROYAL PALM BEACH, FL 33411 | <input type="checkbox"/> Delete |
| TITLE: VP<br>NAME: CAISED, MAURICIO<br>STREET ADDRESS: 1935 NW 167TH TERRACE<br>CITY-ST-ZIP: PEMBROKE PINES, FL 33028    | <input type="checkbox"/> Delete |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   | <input type="checkbox"/> Delete |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   | <input type="checkbox"/> Delete |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   | <input type="checkbox"/> Delete |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:   | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
|---|--|
| TITLE: P<br>NAME: ESTRADA, DIEGO F<br>STREET ADDRESS: 7900 HARBOR ISLAND DR #1220<br>CITY-ST-ZIP: North Bay Village, FL 33141 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP<br>NAME: CAISED, MAURICIO<br>STREET ADDRESS: 1935 NW 167TH TERRACE<br>CITY-ST-ZIP: PEMBROKE PINES, FL 33028         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diego Estrada DATE: 12-28-07 DAYTIME PHONE #: 561-2071949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR