

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -5 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harri's
Secretary of State
DIVISION OF CORPORATIONS

500005868135--9
-06/19/02--01072--016
****308.75 ****308.75

DOCUMENT # 198-34937

1. Corporation Name

Esola Contracting Enterprises Inc.

2. Principal Office Address

1949 Barber Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sarasota, FL.

City & State

Zip

34240

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

April 1998

5. FEI Number

650828339

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

Julie A. Esola

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

1328 Loma Linda Ct.

Suite, Apt. #, Etc.

City

Sarasota - FL

State
FL

Zip Code

34240

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

Julie A. Esola

REGISTERED AGENT MUST SIGN

Date

5-23-02

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
Pres.	Richard D. Esola	1328 Loma Linda Ct.	Sarasota, FL. 34239
V.P.	Julie A. Esola	1328 Loma Linda Ct. Sarasota, FL. 34239	Sarasota, FL. 34239

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)(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:

Julie A. Esola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie A. Esola

Date

5-23-02

Daytime Phone #

941 371-0776

CR2E081 (9/01)