

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 15 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 267434

1. Corporation Name

ESTREB, INC.

900003924729--2

-03/23/01--01009--019

***1058.75 ***1058.75

2. Principal Office Address

1533 SUNSET DR. #120

Suite, Apt. #, etc.

#120

City & State

CORAL GABLES, FL

Zip

33143

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

02-25-63

5. FEI Number

59-1050628

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

Cheryl Silverman

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

1533 Sunset Dr.

Suite, Apt. #, Etc.

#120

City

Coral Gables

State

FL

Zip Code

33143

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

Cheryl Silverman

REGISTERED AGENT MUST SIGN

Date 3/14/01

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
P.S.T.D.	Cheryl Silverman	1533 Sunset Dr #120	CORAL GABLES, FL 33143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
Date

(305) 665-6934
Daytime Phone #

CR2E081 (9/00)