

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION



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

FILED

02 FEB 22 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 309134

1. Corporation Name

E.S.P.A. APTS, INC.

7/18

2000-2002 VBR

2. Principal Office Address
1909 79th Street Causeway

3. Mailing Office Address
3675 S.W. 24 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State
Miami, FL

Zip
33141

Country
USA

Zip
33145

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/14/1966

5. FEI Number
59-1164747

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

Karl M. Sachs, CPA

000005097330-4

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

c/o Sachs & Focaracci, P.A., 3675 S.W. 24 Street

-03/12/02-01058-23

****458.75 ****458.75

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date

2/19/02

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
President Director	Joan S. Dunphy	P.O. Box 669	Far Hills, NJ 07931
Sec./ Treasurer/ Director	Raphael Steinhardt	2121 N.E. 190 Terrace	N. Miami Beach, FL 33179

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

Date

Daytime Phone #

2/19/02

705-
754-8761



Sachs & Focaracci, P.A.

Certified Public Accountants

202

February 14, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement
for E.S.P.A. Apts., Inc.
TIN: 59-1164747

Dear Sir or Madam:

As per our conversation with Barbara from your offices, enclosed please find a completed a completed Corporation Reinstatement form for E.S.P.A. Apts., Inc. At this time, we are requesting that late fees be waived being that the Corporation Annual Report Forms were never received by us, and Barbara confirmed that the postal service had returned them to you.

In addition, enclosed please find a check in the amount of \$458.75, covering the reinstatement fees of \$450.00, plus \$8.75 cost for a Certificate of Status to be sent to our office.

Thanking you in advance for your immediate attention to this matter.

Very truly yours,

SACHS & FOCARACCI, P.A.

Karl M. Sachs, CPA

KMS/ocb

Enclosure

Members of American and Florida Institutes of Certified Public Accountants