PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham fran | har | FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 JUNES M 10:57 592283 DOCUMENT # SECKETARY OF STATE TALLAHASSEE FLORIDA 1. Corporation Name ESP PROPERTIES OF FLORIDA, INC. 200002199362--9 -06/03/97--01033--020_ Principal Place of Business 97 Adriatic Ave. Malling Address 97 Adriatic Ave. ***1253.75 ***1253.<u>7</u>5 Tampa, FL 33606 Tampa, FL 33606 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE
4. Date incorporated or Qualified
To Do Business in Fiorida 11/2/7 New Principal Office Address, If Applicable N/A 3. New Malling Address, If Applicable N/A 11/3/78 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-1860422 City & State City & State Not Applicable \$8.75. Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip PD Lewis, Helen 49 Parkview Drive Appleton, WI D Bailin, David M. 29 Winona Court Appleton, WI VD Bailin, Violet 29 Winona Court Appleton, WI \mathbf{D} Lewis, Ivor 49 Parkview Drive Appleton, WI STD Bailin, Lawrence 97 Adriatic Avenue Tampa, FL 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Lawrence Bailin Street Address (P.O. Box Number is Not Acceptable) **47** Adriatic Avenue Tampa, FL 33606 Suite, Apt. #, Etc. State Zip Code 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. Signature of Registered Agent -J. Ber 5/30/97 Lawrence J. Bainedistered Agent Must sign 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 🗵 (See other side for information on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling this referentatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all less that the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made

5/30/97 813/223-4800

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Lawrence J. Bayline Phone #

SIGNATURE: