

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 18 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 844806

1. Corporation Name

Essington Company, N.V. Corporation

2. Principal Office Address

801 Brickell Bay Drive

3. Mailing Office Address

8500 W. Flagler St Dr.

Suite, Apt. #, etc.

apt. 1569

Suite, Apt. #, etc.

Suite 1204-B

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33131

Country

Dade

Zip

33144

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Carlos R. Ramos

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

3383 N.W. 7th St. #301, Miami, Fla.

Suite, Apt. #, Etc.

City

State
FL

Zip Code

700015566987

04/09/03 01385 001 **935.00

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**

Date

REGISTERED AGENT MUST SIGN

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/D	Vasilio Maheroudis	801 Brickell Bay Dr. #1569	Miami, Fla.

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 #

4/1/03

CR2E081 (10/02)