

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 23 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H17390

1. Corporation Name

ESOTERIC PROPERTIES, INC.

Principal Place of Business

Mailing Address

1108 88TH STREET
SURFSIDE FL 33154
US

P.O. BOX 432281
C/O GUILLERMO GENER
MIAMI FL 33243-2281
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2635317

Applied For

Not Applicable

City & State

City & State
MIAMI BEACH, FL.

Zip

Country

Zip

Country

33140

U.S.

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	ZANARDI, OLIMPIA	1108-88TH STREET	SURFSIDE FL 33154
VS	GENER, GUILLERMO	8818 SUNSET DR., APT. L 166	MIAMI FL 33179

REINSTATEMENT 2000

500003455265--7
-11/11/00-01101--017
***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GENER, GUILLERMO
8818 SW SUNSET DR.
APT. L166
MIAMI FL 33243

Name
OLIMPIA R. ZANARDI
Street Address (P.O. Box Number is Not Acceptable)
4045 SHERIDAN AVE.
Suite, Apt. #, Etc.
#422
City
MIAMI BEACH State
FL Zip Code
33140

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
Olimpia R. Zanardi
REGISTERED AGENT MUST SIGN

Date 10-18-00

11. 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
Olimpia R. Zanardi

Date

10-18-00

Daytime Phone #

365-
798-1697

CR2E040 (8/00)