

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 31 AM 9:11

DOCUMENT # **H28137**

1. Corporation Name
ESLU, INC.

Principal Place of Business Mailing Address
 120 INTERNATIONAL PKWY P.O. BOX 952679
 SUITE 176 LAKE MARY FL 32795
 LAKE MARY FL 32746



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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida
11/01/1984

5. FEI Number
59-2462702

6. CERTIFICATE OF STATUS DESIRED **\$8.75 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 |
|----------------|-------------------------------------|--|---|
| VPD | ORGILL, DENNIS | 211 NEW GATE LOOP | HEATHROW FL |
| SD | LATOFF, ADRIENNE | 10519 MARSH COVE COURT | ORLANDO FL 32825 |
| PD | JENNINGS, LYNN H. | 1001 FERNE DR | LONGWOOD FL 32750 |
| TD | BUTLER, G. VINCENT | 1508 WINGFIELD DRIVE | LONGWOOD, FL. 32779 |
| | | | 600004695746--4 -11/27/01--01083--021 ****750.00 ****750.00 |

8. Name and Address of Current Registered Agent
JENNINGS, LYNN
 1001 FRENE DR
 P.O. BOX 388
 LONGWOOD FL 32750

9. Name and Address of New Registered Agent
 Name **G. VINCENT BUTLER**
 Street Address (P.O. Box Number is Not Acceptable)
1508 WINGFIELD DRIVE
 Suite, Apt. #, Etc.
 City **LONGWOOD** State **FL** Zip Code **32779**

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 *[Signature]* **SIGNATURE REQUIRED** Date **10/29/01**
 REGISTERED AGENT MUST SIGN

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]* **BRENDA RUPLEY** **COMPTROLLER** 10/12/01 (407) 333-0024
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)