

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 12 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02

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11/26/02--01035--014 **1350.00

98-02

DOCUMENT # J86790

1. Corporation Name

ES GAILIN ENTERPRISES, INC.

2. Principal Office Address

2227 Phillipi st.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

37231

Country

USA

3. Mailing Office Address

P.O. Box 4281

Suite, Apt. #, etc.

City & State

Chattanooga, TN

Zip

37405-0218

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-1-92

5. FEI Number

59-2836080

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

Leigh Harris

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

2227 Phillipi st.

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34231

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

Leigh Harris

REGISTERED AGENT MUST SIGN

Date 12-9-02

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
Pres.	Mickey S. Harris	P.O. Box 4281	Chattanooga, TN 37405

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:

M. S. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-02 423-265-8475

Date

Daytime Phone #

CR2E081 (9/00)