

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT -9 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K80632**

1. Corporation Name

THREE LAKES ESSEGE CORP.

Principal Place of Business

Mailing Address

2801 PONCE DE LEON BLVD. #850
CORAL GABLES, FL. 33134

--SAME--

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

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

APRIL 14, 1989

5. FEI Number

65-013082

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SOCRATES NASSER	2801 PONCE DE LEON BLVD. #850	CORAL GABLES, FL 33134
D	VIVIAN NASSER	2801 PONCE DE LEON BLVD. #850	CORAL GABLES, FL 33134
P/S/T	MARCOS A. MACHADO	2801 PONCE DE LEON BLVD. #850	CORAL GABLES, FL 33134

REINSTATEMENT 94-98

B. 10/19

8. Name and Address of Current Registered Agent

MARCOS MACHADO
2801 PONCE DE LEON BLVD. #850
CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **900002663389--2**
City **-10/14/98 - 341037-014**
*****1358.75 FL ***1358.75**

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

REGISTERED AGENT MUST SIGN

Date **10/06/1998**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes

No

(See other side for information on intangible tax.)

12. 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)(j), 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

MARCOS A. MACHADO

Date **10/06/1998**

Daytime Phone #

305-444-7088

C-925040 (1-98)