

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -2 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700174285937
04/02/10--01032--002 **593.75
CR2E041 (11/09)

DOCUMENT # L04000086103

1. Limited Liability Company's Name

ESCO-LAR ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box #

7780 SW 19th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

U.S.

3. Mailing Office Address

4050 Coastal Hwy.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32084

Country

U.S.

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

11-22-04

6. FEI Number

20-2565522

Applied For

☒ Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Derek M. Escobar

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

4050 Coastal Hwy.

Suite, Apt. #, Etc.

St.

City

St. Augustine

State

FL

Zip Code

32084

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/30/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Derek M. Escobar	7780 SW 19th St.	Miami, FL 33155
MGR	Nettie J. Larger	4050 Coastal Hwy.	St. Augustine, FL 32084
MGR	Victor Larger	4050 Coastal Hwy.	St. Augustine, FL 32084

11. E-mail Address: derckesco@bellsouth.net

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

[Signature]

Date

3/30/10

Daytime Phone #

305-401-6081

Typed or printed name of signing Managing Member/Manager

Derek Escobar