

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY -7 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78888

1. Corporation Name

ESG, Inc.

2. Principal Office Address

1111 N.E. 25th Avenue

Suite, Apt. #, etc.

Suite 202

City & State

Ocala, FL

Zip

34470

Country

USA

3. Mailing Office Address

1111 N.E. 25th Avenue

Suite, Apt. #, etc.

Suite 202

City & State

Ocala, FL

Zip

34470

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified To Do Business in Florida

6/8/1990

5. FEI Number

59-3065538

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

Larry M. Wood, CPA

Street Address (P.O. Box Number is Not Acceptable)
1111 N.E. 25th Avenue

Suite, Apt. #, Etc.
Suite 202

City
Ocala

800035736098

05/07/04-01022-029 **900.00

800035736098

05/07/04-01022-030 **35.00

State
FL

Zip Code
34470

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

Larry M. Wood

REGISTERED AGENT MUST SIGN

Date

4/29/04

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
D	Eduardo S. Gaviria	1111 N.E. 25th Avenue, Suite 202	Ocala, FL 34470

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:

Larry M. Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/04

Daytime Phone #

352-732-3828

CR2E081 (01/04)