

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M61152

1. Corporation Name

ESSENCE INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

440 NW 165 ST RD # 307
N. MIAMI, FL 33169

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

2. New Principal Office Address, If Applicable

2518 W. OAKLAND PARK BL.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10-21-1987

Suite, Apt. #, etc.

5. FEI Number

65-0968327

Applied For

Not Applicable

City & State

OAKLAND PARK

City & State

Zip

33311

Country

BROWARD

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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
Pres.	W. JAMES MORAN	6277 NE 8 th AVE	FT. LAUDERDALE, FL 33331
			600003088026--8
			-01/04/00--01087--014
			***1350.00 ***1350.00

REINSTATEMENT 95-991 TS

8. Name and Address of Current Registered Agent

DAVID A WOLFSON
15321 S. DIXIE HWY # 209
MIAMI, FL 33157

9. Name and Address of New Registered Agent

Name W. JAMES MORAN
Street Address (P.O. Box Number is Not Acceptable)
2518 W. OAKLAND PARK BLVD.
Suite, Apt. #, Etc.
City OAKLAND PARK State FL Zip Code 33311

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

W. James Moran

REGISTERED AGENT MUST SIGN

Date

12/21/99

11. This corporation owes 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/99

Date

(305) 595-0625

Daytime Phone #