

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 22 PM 4:51

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **ND1000004489**

1. Corporation Name

Executive Service Corp of Southeast Florida INC.

2. Principal Office Address

700 South Dixie Highway

3. Mailing Office Address

700 S. Dixie Hwy

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1124375

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

Robert Irving

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

700 South Dixie Highway

Suite, Apt. #, Etc.

#201

City

West Palm Beach

State

FL

Zip Code

33401

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/8/03

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
PD	Robert Irving	2179 Vero Beach Lane	West Palm Beach, FL 33411
VD	Murray Green	13287 Saffron Circle	Palm Beach Gardens, FL 33418
TD	William Wolfson	6759 Catania Drive	Boynton Beach, FL 33437
SD	Richard Fleischer	15920 Lake Katrine Trail	Delray Beach, FFL 33446

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:

[Signature]

ROBERT IRVING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/03

Daytime Phone #

802-6280
561-202-6280

CR2E081 (9/01)