

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 JUN 13 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR REINSTATEMENT



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

DOCUMENT # **049589**

1. Corporation Name

**ESUBA, Inc**

Principal Place of Business

Mailing Address

**Rt 6 Box 396**

**PO Box 10355**

**Quincy, FL 32351**

**Tall. FL 32302**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**6/26/1992**

5. FEI Number

**59-3134184**

Applied For

Not Applicable

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
PD	M. L. Watson	Rt 6, Box 396	Quincy FL 32351
UD	D. E. LaRosa	2331 Tour Eiffel Dr	Tallahassee, FL 32308
D	Charles S. Stratten	964 Rose Bay Ct	Tallahassee, FL 32312

**REINSTATEMENT**

**03/20/97**  
**6/13/97**

300002213773--8  
-06/16/97-01180-006  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**M. L. Watson**  
**Rt 3, Box 396**  
**Quincy FL 32351**

Name  
**M. L. Watson**

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

**Rt 3, Box 396**

Suite, Apt. #, Etc.

City  
**Quincy**

State  
**FL**

Zip Code  
**32351**

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

**M. L. Watson**

REGISTERED AGENT MUST SIGN

Date **6/13/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

**M. L. Watson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/13/97**

Date

**(904) 681-6810**

Daytime Phone #

CF42E040 (1/2/96)