

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION'S



FLORIDA DEPARTMENT OF STATE

FOR  
REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012817

1. Corporation Name

ENGINEERED SPECIALTY PRODUCTS OF SWFL, INC.

Principal Place of Business

860-A SE 46TH LANE  
CAPE CORAL FL 33904-8818

Mailing Address

860-A SE 46TH LANE  
CAPE CORAL FL 33904-8818

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/02/2000

5. FEI Number

59-3622206

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MATEY, JAMES G	1449 ARGYLE DRIVE	FORT MYERS FL 33919
VD	AVALOS, PEDRO A	225 NW 4TH TERRACE	CAPE CORAL FL 33993
STD	GARCIA, JOSE N	506 SE 23RD TERRACE	CAPE CORAL FL 33990

7000000627417  
10/28/02--01088--020 \*\*150.00

10/31

8. Name and Address of Current Registered Agent

MATEY, JAMES G  
860-A SE 46TH LANE  
CAPE CORAL FL 33904-8818

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

James G. Matey

10-23-02

11. 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]*

SIGNATURE REQUIRED

James G. Matey

10-23-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (802)



ENGINEERED  
SPECIALTY  
PRODUCTS, INC.

OCTOBER 23, 2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: APPLICATION FOR REINSTATEMENT  
DOCUMENT #P00000012817 - FEI #59-3622206

GENTLEMEN:

THIS IS TO ADVISE YOU THAT WE HAVE NEVER RECEIVED THE  
PRIOR UBR NOTICES TO FILE OUR 2002 ANNUAL REPORT.

ENCLOSED HERewith IS OUR COMPLETED AND SIGNED APPLICATION  
FOR REINSTATEMENT FORM, ALONG WITH OUR CHECK #1056 IN THE  
AMOUNT OF \$150.00, DATED TODAY.

THANK YOU.

SINCERELY,

ENGINEERED SPECIALTY  
PRODUCTS, INC.

A handwritten signature in dark ink, appearing to read "J. Matey", is written over a horizontal line.

JAMES G. MATEY  
PRESIDENT

/mm  
encs.