

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 30 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P0000080017**

1. Corporation Name

**C.E.S. Investments, Inc.**

2. Principal Office Address

**5079 N. Dixie Hwy**

Suite, Apt. #, etc.

**145**

City & State

**Oakland Park, FL**

Zip

**33334**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**300021414783**

07/09/03--01027--030 \*\*8.75

**300021414783**

07/09/03--01027--029 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/24 2000**

5. FEI Number

**65-1034441**

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

**Charles Sciascia**

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

**5079 N. Dixie Hwy**

Suite, Apt. #, Etc.

**145**

City

**Oakland Park**

State  
**FL**

Zip Code  
**33334**

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

**6/27/03**

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	Charles Sciascia Jr.	5079 N. Dixie Hwy #145	Oakland Park, FL 33334
VSTD	Agnes B. Sciascia	5079 N. Dixie Hwy #145	Oakland Park, FL 33334
V	Charles Sciascia	5079 N. Dixie Hwy #145	Oakland Park, FL 33334

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

**6/27/03**

Daytime Phone #

**954-984-8635**

CR25081 (10/02)

7/6/30

Dear Sirs,

I never received any  
notices for filing Corporate  
Name.

Charles W. Scarsia  
Vice President  
C ES Investments  
5079 N. Dixie Hwy.  
Ste 145  
OAKLAND PARK FL.  
ZIP - 33334

FEIN #

651034441