

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

02 APR 15 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000088958

1. Corporation Name

ESP of Palm Beach, Inc.

2. Principal Office Address

636 Canistel Lane

3. Mailing Office Address

636 Canistel Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/2000

5. FEI Number

65-1042605

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

Deborah Longo

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

636 Canistel Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

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

Deborah L. Longo

Date

4/9/02

REGISTERED AGENT MUST SIGN

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
D	LONGO, DEBORAH L.	636 Canistel Lane	Boca Raton, FL 33486

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:

Deborah L. Longo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/02 561-416-2549

Daytime Phone #

CR25081 (9/01)



of Palm Beach, Inc.



E-commerce/MailOrder Service Provider

636 Canistel Lane  
Boca Raton, FL 33486  
phone - 561-367-7831  
fax - 561-361-4154  
deblongo@bellsouth.net

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find my Application for Reinstatement for ESP of Palm Beach, Inc.

Unfortunately I have been having problems with my mail and am not receiving many items that are sent to ESP of Palm Beach, Inc. I will make a trip to the post office this afternoon to see if they can help me resolve this.

Last year I did not receive any of the notices that you sent me until October when I received a notice indicating my corporation had been dissolved. I spoke to someone from your office and they told me to write a letter and send in a check for \$150.00 to get my corporation re-instated. I did this on 11/5/01. However, my check was never cashed.

When I spoke to your office today, I was told the check was returned to me in November asking for additional information. Unfortunately I never received the letter or the returned check.

I am enclosing a check for \$300 and am asking that the late fees and penalties be waived. I promise I will do everything I can to ensure my mail situation gets resolved as quickly as possible so this does not happen in the future.

Thank you in advance for your assistance with this matter.

Sincerely,

A handwritten signature in cursive script that reads "Deborah L. Longo".

Deborah L Longo  
Owner