PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				ΓE	FILED 11 JUN - I PM 1:28					
DOCUMENT # P00000092596 1. Corporation Name									SECRETART OF STATE TALLAHASSEE, FLORIDA					
EARTH-SEARCH OF AMERICA, CORP.								FILING CANCELLED RETURNED CHECK						
					Office Address OLD CUTLER ROAD				- 000208335130 06/01/1101019019 **2100.00					
Suite, Apt. #	Suite, Apt. #, 6	uite, Apt. #, etc. OO				CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida 10/02/2000								
City & State PALM	ETTO	, FL	City & State PALME	TTO E	3AY	, FL	5. FEI Number			10/02/2	Applied For Not Applicate	—— ole		
Zip 33157				^{Ζiρ} 33157		Count	•		6. CERTIFICATE OF STATUS DESIRED		SIRED 88	\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Age Name ARTURO ORTIZ Street Address (P.O. Box Number is Not Acceptable) 16675 OLD CUTLER ROAD Suite, Apt. #, Etc. 300 City PALMETTO BAY							Zip Code 33157)2-(, ISTA ()/()	_	MENT		
PALMETTO BAY 8. I, being appointed the registered gram of the above named corporation, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT MUST SIGN										Date 05/22/2011				
9. Names	and Street Ad	dresses	of Each Officer and	or Director (Flo	nda nonpro					Ι				
Titles			Street Address of Each Officer and/or Director						City / Sta					
Р	ABRE	ANTONIC	1725 W 60 STRE				ET	HIALEAH, FL 33012			2			
SVP/S	AMA	YISHAI I	126 S.W. 32ND C				CT. RD.	MIAMI	, FL 3	3135				
VP	CHO	LBERT	46080HOLLY DRIV				RIVE	TAMA	RAC,	FL 33319				
Т	CHO	IAZ, JOF	1725 W 60 STREE				REET	HIALE	EAH,	FL 33012	<u> </u>			
AS	LAUR	ΓI, RAFA	2911 SW 135 AVENUE				/ENUE	MIAMI, FL 33175						
													_	
10. E-mail Address: PVBLIC ACCOUNTING @ ATT. NET (To be used for future annual report notification)												-		
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												_ I		