

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000106590

1. Entity Name
ESTERA CLOTHING INC.



FILED

05 FEB 11 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3749 NEEDLE TERRACE
NORTH PORT, FL 34286

Mailing Address
651 WEST TARPON BLVD
PORT CHARLOTTE, FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-1056524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMSALEM, MORDEKHAY
3749 NEEDLE TERRACE
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if applicable)

City

FL

Zip Code

REINSTATEMENT 04-25

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mordekhai AMSALEM

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME AMSALEM, MORDEKHAY
STREET ADDRESS 3749 NEEDLE TERRACE
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Mordekhai AMSALEM

Date

Daytime Phone #