

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02-034383 OCT-6 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000106590

**1. Corporation Name**

ESTERA CLOTHING INC  
3749 NEEDLE TERR  
NORTH PORT, FL 34286

**2. Principal Office Address**

SAME

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-1056524

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

4/28/03 01059 014 750.

**7. Name and Address of Current Registered Agent**

Name

MORDEKHAY AMSALEM

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

3749 NEEDLE TERR

Suite, Apt. #, Etc.

300023558309

10/06/03--01005--007 \*\*150 00

City

NORTH PORT

State  
FL

Zip Code  
34286

**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

MORDEKHAY AMSALEM  
REGISTERED AGENT MUST SIGN

Date 25 SEPT 2003

**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
PRES	MORDEKHAY AMSALEM	3749 NEEDLE TERR	NORTH PORT, FL 34286

**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:

Mary Amisalem  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03  
Date

Daytime Phone #

CR2E081 (10/02)