

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 14 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000106874

1. Corporation Name

ESSA 2000, INC.

200005022542--2

-02/27/02--01009--009

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

8800 S.W. 123 CT

Suite, Apt. #, etc.

J-108

City & State

Miami, FL

Zip

33186

Country

U.S.

3. Mailing Office Address

8800 S.W. 123 CT

Suite, Apt. #, etc.

J-108

City & State

Miami, FL

Zip

33186

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/00

5. FEI Number

65-1055895

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Anibal U. Jorge

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

8800 S.W. 123 CT

Suite, Apt. #, Etc.

J-108

City

Miami, FL

State

FL

Zip Code

33186

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

Date 2/12/02

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	Anibal U. Jorge	8800 S.W. 123 CT J-108	Miami, FL 33186

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:

Anibal U. Jorge

2/12/02

305-596-6279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED81 (9/01)

2402

ESSA 2000 INC  
Anibal U. Jorge  
8800 S.W. 123 CT J-108  
Miami, FL 33186

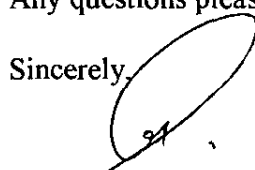
February 12, 2002

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

To Whom It May Concern:

Please be aware that I did not receive any notices in the mail for the uniform business reports for the year 2001 and if possible I would like my late fees to be waived. Any questions please do not hesitate to call me at 305-596-6279.

Sincerely,



Anibal U. Jorge