

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 16 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO 1000099771**

1. Corporation Name

ESSEM ENTERPRISES INC

700008400857--5
-10/16/02--01061--004
****750.00 ****750.00

2. Principal Office Address

7289 North Miami Ave

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

Zip

33150

Country

U.S.A

3. Mailing Office Address

6020 SW 156th Ct.

Suite, Apt. #, etc.

City & State

Miami, FLORIDA

Zip

33198

Country

U.S.A

REINSTATEMENT 2002

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

5. FEI Number

65-115 1878

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

SANJAY GUPTA ANA. GUPTA

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

1511 N.W. 125th AVE

Suite, Apt. #, Etc.

8106

City

SUNRISE

State

FL

Zip Code

33323

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

[Signature]

Date

10/10/02

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
President	SELLAPPAN GEYAM	1833 N.W. 3rd AVE	Miami, FL 33136
V. Presi dent	RASKUMAR SINNARAJAH	6020 SW 156th Ct	Miami, FL 33193

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:

[Signature]

SELLAPPAN GEYAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/02

Date

(305) 318-5006

Daytime Phone #

CR2001 (9/01)