

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 24 AM 8:01

DOCUMENT # P01000108434

1. Corporation Name

ESPERANZA INVESTMENT COMPANY

2. Principal Office Address

5757 COLLINS AVENUE

Suite, Apt. #, etc.

1904

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

US

3. Mailing Office Address

7098 BONITA DRIVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLORIDA

Zip

33141

Country

US

400009667844

12/24/02--01028--007 **758.75

REINSTATEMENT

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

11-09-01

5. FEI Number

65-1153620

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

ESPERANZA PEREZ

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

5757 COLLINS AVENUE

Suite, Apt. #, Etc.

1904

City

MIAMI BEACH, FL

State

FL

Zip Code

33140

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

Esperanza Perez

REGISTERED AGENT MUST SIGN

Date **12/19/02**

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
PD	PEREZ, ESPERANZA	5757 COLLINS AVENUE, #1904	MIAMI BEACH, FL33140

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:

Esperanza Perez

ESPERANZA PEREZ, PRESIDENT 12/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)