

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR -3 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119251

1. Corporation Name

E & S Hopitality, Inc

200015284372
04/03/03--01025--019 **308.75

2. Principal Office Address

1377 Flaming Blvd.

3. Mailing Office Address

1377 Flaming Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33953

Country

United States

Zip

33953

Country

United States

4. Date Incorporated or Qualified To Do Business in Florida

12/01

5. FEI Number

75-2976098

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

Christian B. SaVille

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

1377 Flamingo Blvd.

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33953

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

Christian B. SaVille
REGISTERED AGENT MUST SIGN

Date March 21, 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
P/D	John B. Edmonds	163 Randwood Dr	Getzville, New York 14068
V/T/D	Christian B. SaVille	1377 Flamingo Blvd	Port Charlotte, Florida 33953
V/S/D	Kevin F. Edmonds	1016 Marlin Lakes Cr	Sarasota, Florida 34232

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:

Christian B. SaVille
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christian B. SaVille

3/21/03

Date

(941)613-1527

Daytime Phone #

CR2E081 (10/02)

2/2/2

To Whom It May Concern:

I received notification by mail that it was time for our company to renew for the year. So since I applied and paid for our corporation on-line to begin with, I decided to renew on-line as well. This is where the problem started.

We have not conducted any business under our corporation as of today, so we had no idea that the on-line renewal never went through. Since we have not done any business under our corporate name we know that we could just apply for a new business name and FEI number, but we would rather ask that you forgive us for this error and let us pay what we owe and continue forward. Thank You

Sincerely;

Christian B. SaVile
Vice-President,
E & S Hospitality Inc.