

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000006662

1. Corporation Name

Esque Real Estate Holdings, Inc.

80 SW 8th Street
80 SW 8th Street

2. Principal Office Address
80 SW 8th Street —

3. Mailing Office Address
80 SW 8th Street

Suite, Apt. #, etc.

Suite 2000

Suite, Apt. #, etc.

Suite 2000

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33130

Country

USA

Zip

33130

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 2002

5. FEI Number
20-1924275

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
04 DEC 28 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300043673943
12/28/04--01042--009 **900.00

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
Janet E. Kent

Street Address (P.O. Box Number is Not Acceptable)
2005 SE Saint Lucie Blvd.

Suite, Apt. #, Etc.

City
Stuart

State
FL

Zip Code
34996

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Janet E. Kent - Pres.

REGISTERED AGENT MUST SIGN

Date 12/23/2004

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.	Janet E. Kent	2005 SE Saint Lucie Blvd.	Stuart, FL 34996

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:

Janet E. Kent - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Janet E. Kent

12-23-04 772-283-3749
Date Daytime Phone #

CP20001 (01/04)