

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
VISION OF CORPORATION

04 JUN 10 PM 3:40

DOCUMENT # PO2000021454

1. Corporation Name

EASTERN SHORE ENTERPRISES LIMITED OF FLORIDA, INC.

11020 PEMBROKE ROAD
11020 PEMBROKE ROAD

2. Principal Office Address

11020 PEMBROKE ROAD

3. Mailing Office Address

11020 PEMBROKE ROAD

Suite, Apt. #, etc.

161

Suite, Apt. #, etc.

161

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

Zip

33025

Country

USA

Zip

33025

Country

USA

REINSTATEMENT 03-04

400037849604

06/10/04--01077--004 **308.75

4. Date Incorporated or Qualified

To Do Business in Florida 02/25/2002

5. FEI Number

02-0551573

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

ADRIANA M. BELTRAN CANON

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

960 LAVENDER CIRCLE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

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 06/08/2004

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
P	ADRIANA M. BELTRAN CANON	960 LAVENDER CIRCLE	WESTON, FL 33327
V	LIBARDO A. BELTRAN	960 LAVENDER CIRCLE	WESTON, FL 33327
S/T	ANDREA M. BELTRAN	960 LAVENDER CIRCLE	WESTON, FL 33327

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]

06/08/2004

(305) 778-9091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)