

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -2 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046752

1. Corporation Name

Escape Destinations Inc.

2. Principal Office Address

14828 SW 90th Terrace

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33196

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 4/29/2002

5. FEI Number

32-0012194

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

Andrew Blanco

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

14828 SW 90th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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]
REGISTERED AGENT MUST SIGN

Date

2/23/04

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	Eduardo Blanco	14828 SW 90th Terrace	Miami, FL 33196
D	Andrew Blanco	14828 SW 90th Terrace	Miami, FL 33196

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW BLANCO

Date

2/23/04

Daytime Phone #

786-295-9989

CR2E061 (01/04)

B 272
14828 SW 90th Terrace
Miami, FL 33196
(305) 383-5869

Escape Destinations Inc.

February 23, 2004

Attention: Kathy Ashton/Division of Corporations.

Re: Reinstatement

The previous notices were not received at the address on record. We are requesting a waiver of the penalty fee. There is a \$300.00 check attached to the application form, which should cover 2004/2005 fees. We never received a letter notifying us of the renewal. Our document number is P02000046752.

Thank You,

Andrew Blanco

