

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -7 AM 8:00

DOCUMENT # P02000063727

1. Corporation Name

ISESCO INC,

Principal Place of Business

Mailing Address

1400 NW. 110 TH AV.  
APTO. 416  
PLANTATION FL 33322

1400 NW. 110 TH AV.  
APTO. 416  
PLANTATION FL 33322



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

President GUSTAVO UZCATEGUI

1400 NW. 110 TH AV.  
# 416

PLANTATION, FL. 33322

400024098414

10/24/03--01075--003 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UZCATEGUI, GUSTAVO J SR  
1400 NW. 110TH AV.  
# 416  
PLANTATION FL 33322

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Gustavo Uzcategui / Gustavo Uzcategui

Date 10/21/03

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gustavo Uzcategui / Gustavo Uzcategui

10/21/03

282

**ISESCO, INC.**  
**1400 NW 110<sup>TH</sup> AVENUE, #416**  
**PLANATION, FL 33322**

10-21-03

Fla. Dept. of State  
LLC Division  
PO Box 6478  
Tallahassee, FL 32314-6478

RE: Uniform Business Report (EIN #11-3657038)

Dear Sir or Madam:

We didn't receive previous reports; this is the first one we have received. Please accept the check enclosed for \$150.00 and reactivate Iesco, Inc.

Sincerely,

  
Gustavo Uzcategui  
President

Enclosure