


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED / 182
04 MAY -4 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000072749**

1. Corporation Name
E. S. Inc.

2. Principal Office Address 5001 SW 20th St		3. Mailing Office Address 5001 SW 20th St	
Suite, Apt. #, etc. #7706		Suite, Apt. #, etc. #7706	
City & State Ocala		City & State Ocala	
Zip 34474	Country Maion	Zip 34474	Country Maion

300033472073
04/21/04--01072--003 **300.00

REINSTATEMENT **03-04**

4. Date Incorporated or Qualified To Do Business in Florida **7-1-02**

5. FEI Number **05-0521982**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent


Name **Elizabeth L Sukys**

Street Address (P.O. Box Number is Not Acceptable)
5001 SW 20th St

Suite, Apt. #, Etc. **#7706**

City **Ocala** State **FL** Zip Code **34474**

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  REGISTERED AGENT MUST SIGN

Date **4/19/04**

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
Pres.	Elizabeth Sukys	5001 SW 20th St #7706	Ocala, FL 34474

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/19/04** Daytime Phone # **3525984229**

CR2E081 (01/04)

Handwritten mark

11 2002

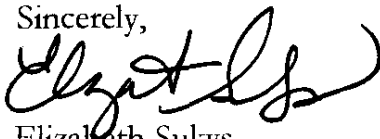
Tuesday, April 20, 2004

Dear Florida Department of State,

~~Please except my request for reinstatement. I did not receive the 2003 request~~
for payment. I have enclosed \$300.00 for this year and last year.

Feel free to contact me with any questions. Thank you

Sincerely,



Elizabeth Sukys
E. S. Inc