

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 14 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000076263

1. Corporation Name

ESILDAS Produce Corporation

000117243250
02/06/08--01013--003 **450.00

000117243250
02/20/08--01007--009 **150.00
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

214 CAMERON CT

3. Mailing Office Address

214 CAMERON CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-12-02

5. FEI Number

26-1838694

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

JORGE E. HINCAPIE

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

214 CAMERON CT.

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 01-29-08

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	JORGE E. HINCAPIE	214 CAMERON CT.	WESTON, FL 33326
V.P.	DORA MORENO PUERTO	214 CAMERON CT.	WESTON, FL 33326

REINSTATEMENT 05-08^{KS}

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 contained in Chapter 119, 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

Jorge Enrique Hincapie

Date

01-29-08 954/549-4384

Daytime Phone #