


PG 16F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 10 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000078291

1. Corporation Name

E.S.D.A.M Holding Corp.

W06-26815

REINSTATEMENT 04-06

2. Principal Office Address

20181 N.E 16th PLACE

3. Mailing Office Address

20181 N.E 16th PLACE

Suite, Apt. #, etc.

A.

Suite, Apt. #, etc.

Miami A.

City & State

Miami, FL

City & State

Miami, Florida

Zip

33179

Country

U.S.A.

Zip

33179

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

July 18 2002

5. FEI Number

20-0236 256

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

DEBRA MAWARDI

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

5741 OAKDAVE TERR.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33312

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

JUNE 22/06

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.	DEBRA MAWARDI (H.)	5741 OAKDAVE TERR.	Hollywood, FL. 33312
	(OFFICE) 20181 N.E 16 th PLACE		Miami, FL. 33179

300078223953
08/01/06--01039--014 **450.00

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

Date

JUNE 22/06. 305-651-6669

Daytime Phone #

CEL: 954-558-498

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E.S.D.A.M HOLDING CORP

20181 NE 16th Place

North Miami FL 33179

Tel: 305-651-6669 Fax: 305-651-6609

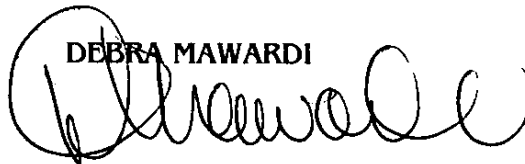
JUNE 5, 2006

TO WHOM IT MAY CONCERN,

**PLEASE BE ADVISED THAT I NEVER RECEIVED THE ANNUAL REPORT SINCE
IT WAS GOING TO THE WRONG ADDRESS. STEVE LEVY WAS THE
ACCOUNTANT AT THE TIME I OPENED THE CORP. AND I DON'T KNOW WHY
ALL MAIL WAS FOWARDED TO HIS OFFICE. IF YOU HAVE ANY QUESTIONS
PLEASE CALL ME AT 305-651-6669. ENCLOSED PLEASE FIND A CHECK IN
THE AMOUNT OF \$450.00 FOR THE YEARS 2004-2006 WHICH I WAS TOLD
PER PHONE CONVERSATION FROM YOUR OFFICE TO SEND.**

THANK YOU

DEBRA MAWARDI

A handwritten signature in black ink, appearing to read 'Debra Mawardi', written over the printed name.