

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 13 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090965

1. Corporation Name

E & S MORTGAGE SOLUTIONS, INC.

Principal Place of Business

10934 SW. 158TH TERRACE  
MIAMI FL 33157

Mailing Address

10934 SW. 158TH TERRACE  
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

9507 SW 160 St.

Suite, Apt. #, etc.

Suite 270

City & State

Miami, FL

Zip

33157

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/2002

5. FEI Number

51-0424119

Applied For

Not Applicable

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	TOPAN, SIMONA	10934 SW. 158TH TERRACE	MIAMI FL 33157
VTD	HOLIDAY, ESTHER	10934 SW. 158TH TERRACE	MIAMI FL 33157

200023764302  
10/13/03--01093--004 \*\*150.00

8. Name and Address of Current Registered Agent

HOLIDAY, ESTHER  
10934 SW. 158TH TERRACE  
MIAMI FL 33157

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

Simona Topan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03 786-290-1513

Date

Daytime Phone #

CR2E040 (7/03)

Department of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

October 9, 2003

Dear Sirs,

I am writing this letter to confirm that I have not received any prior UBR notices; therefore, I would like to ask for a waiver for the reinstatement fee for my corporation, E&S Mortgage Solutions, Inc. Enclosed please find the check for \$150.00 for the filing fee and the completed application for reinstatement.

I may be reached at 786-290-1513 or 305-378-8883.

Thank you very much for your cooperation.

Sincerely,

  
\_\_\_\_\_  
Simona Topan  
President  
E&S Mortgage Solutions, Inc.  
9507 SW 160 St. Suite 270  
Miami, FL 33157