

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -2 PH 2:01

2 Year

KS

900161276819
10/02/09--01008--014 **300.00

REINSTATEMENT 08-09

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000018083

1. Corporation Name

ESCOTET PROPERTIES CORP.

2. Principal Office Address - No P.O. Box #
2665 S. BAYSHORE DR.

3. Mailing Office Address
2665 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.
STE 906

Suite, Apt. #, etc.
SUITE 906

City & State
COCONUT GROVE FL

City & State
COCONUT GROVE FL

Zip
33133

Country
USA

Zip
33133

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/14/2003

5. FEI Number
202798856

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 L. GURIAN

Street Address (P.O. Box Number is Not Acceptable)
2665 S. BAYSHORE DR.

Suite, Apt. #, Etc.
STE 906

City
COCONUT GROVE FL

State
FL

Zip Code
33133

☒ 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

Date 10/1/09

REGISTERED AGENT MUST SIGN

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
PSD	MANUEL ESCOTET	2665 S. BAYSHORE DR. STE 906	COCONUT GROVE, FL 33133

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:

MANUEL ESCOTET
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-09
Date

305-279-4101
Daytime Phone #