

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 FEB 18 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000047063

**1. Corporation Name**

ESTE-LINE SYSTEM, CORP.

**2. Principal Office Address**

1445 PRESIDIO DR

**3. Mailing Office Address**

1445 PRESIDIO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

Zip

33327

Country

USA

Zip

33327

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 04-28-2003

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-08

**7. Name and Address of Current Registered Agent**

Name

CARMEN OROSCO

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

1445 PRESIDIO DR

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

**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

*Carmen Orosco*

Date FEB. 11, 2008

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
PD	CARMEN OROSCO	1445 PRESIDIO DR	WESTON, FL 33327
D	JORGE OROSCO	1445 PRESIDIO DR.	WESTON, FL 33327

**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:

*Carmen Orosco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 11, 2008

Date

Daytime Phone #

CR2E081 (01/04)

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEARS OF 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY, WE ARE INCLUDING THE \$150.00 FOR 2008 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,



CARMEN OROSCO  
PRESIDENT