PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 25 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000050090

900081475809
01/30/07--01017--019 **150.00

11-02-06 01037 014 $ 300.00

REINSTATEMENT

1. Corporation Name

Esco International Business Corp

2. Principal Office Address	3. Mailing Office Address
1690 NE 191 St	1690 NE 191 St
Suite, Apt. #, etc. Apt 411	Suite, Apt. #, etc. Apt 411
City & State N Miami Beach, Fl	City & State N Miami Beach, Fl
Zip 33179 Country USA	Zip 33179 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/06/2003

5. FEI Number 510464771 ☐ 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: Diego Recalde

Street Address (P.O. Box Number is Not Acceptable): 1690 NE 191 St

Suite, Apt. #, Etc.: Apt 411

City: N Miami Beach, State: FL Zip Code: 33179

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: Diego Recalde Date: 10/23/2006

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
P	Diego Recalde	1690 NE 191 St #411	N Miami Beach, Fl 33179

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11/02/06--01037--014 **300.00

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: X Diego Recalde 10/26/2006 3059451484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell JAN 25 2007