

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 APR 25 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000000535 1. Entity Name ESSENCE USA, INC.					
Principal Place of Business 4000 PONCE DE LEON BLVD. SUITE 470 CORAL GABLES, FL 33146			Mailing Address 4000 PONCE DE LEON BLVD. SUITE 470 CORAL GABLES, FL 33146		
2. Principal Place of Business 4424 CORTEZ ROAD WEST Suite, Apt. #, etc.		3. Mailing Address 4424 CORTEZ ROAD WEST Suite, Apt. #, etc.			
City & State BRADENTON, FL Zip 34210		City & State BRADENTON, FL Zip 34210		4. FEI Number 20-0805238	
Country USA		Country USA		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JOANNE 4000 PONCE DE LEON BLVD. SUITE 470 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name WILLIAMS, JOANNE Street Address (P.O. Box Number is Not Acceptable) 6353 YELLOWTOP DRIVE City BRADENTON FL Zip Code 34202	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>JOANNE WILLIAMS (OWNER/PRESIDENT)</u> 04.21.05 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOANNE 4000 PONCE DE LEON BLVD. SUITE 470 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOANNE 6353 YELLOWTOP DRIVE BRADENTON, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900054209079 05/10/05--01046--025 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>JOANNE WILLIAMS</u> 04.21.05 (941 794 9000) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					