

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -7 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000007029

1. Entity Name
ESCOBAR CORPORATION



Principal Place of Business
229 RUSSELL DRIVE
LAKEWORTH, FL 33461 US

Mailing Address
229 RUSSELL DRIVE
LAKEWORTH, FL 33461 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10132005 REIN-P CR2E098 (6/04)

4. FEI Number
20-0586336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ESCOBAR, TOMAS G
229 RUSSELL DRIVE
CORAL SPRINGS, FL 33061

7. Name and Address of New Registered Agent
Name
TOMAS G ESCOBAR
Street Address (P.O. Box Number is Not Acceptable)
229 RUSSELL DRIVE
LAKEWORTH, FL 33461
City
FL Zip Code

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 DATE 10/13/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$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	P ESCOBAR, TOMAS 229 RUSSELL DRIVE CORAL SPRINGS, FL 33061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	229 RUSSELL DRIVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAKEWORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMURRIO, SONIA 229 RUSSELL DRIVE CORAL SPRINGS, FL 33061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	229 RUSSELL DRIVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAKEWORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	229 RUSSELL DRIVE <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/07/05--01060--017 **150.00
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	200061219432 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/07/05--01060--017 **150.00
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

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: DATE 10/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR