


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO 4000019471

1. Corporation Name
Isidoro Esquivel INC.

2. Principal Office Address <u>635 10th Ave SE</u>		3. Mailing Office Address <u>635 10th Ave SE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Cairo GA.</u>		City & State <u>Cairo GA. 39828</u>	
Zip <u>39828</u>	Country <u>GA.</u>	Zip <u>39828</u>	Country <u>GA.</u>

FILED 142
06 MAY -1 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
200664302

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
Isidoro Esquivel

Street Address (P.O. Box Number is Not Acceptable)
~~635 10th Ave SE~~ 644 woodberry P.

Suite, Apt. #, Etc.

City
~~Cairo GA~~ Quincy Florida

State
~~GA~~ GA

Zip Code
~~39828~~ 32351

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 Isidoro Esquivel Date 5-27-06

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
<u>P</u>	<u>President (Isidoro Esquivel)</u>	<u>635 10th Ave SE</u>	<u>Cairo GA. 39828</u>

000075039980
05/22/06--01074--021 **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 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: Isidoro Esquivel Date 5-27-06

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

242

Isidoro Esquivel, Inc.
644 Woodberry
Quincy, FL 32351

May 1, 2006

To whom it may concern:

→ 2005

I did not receive a notice to renew my corporation for last year. I was told at my place of
Employment that it was expired.

Isidoro Esquivel 5/1/06

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 1st day of May 2006,
by Isidoro Esquivel, who is personally known to me or has produced _____
as identification and did (did not) take an oath.

Zulma I. Collier
Signature of Notary Public

My Commission Expires:

Zulma I Collier
Printed Name of Notary Public

