

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000035252

1. Corporation Name

ESVEN EQUIPMENT REPAIRS INC

2. Principal Office Address

4481 SW 52 CT

3. Mailing Office Address

4481 SW 52 CT

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

#8

City & State

DANIA, FL

City & State

DANIA, FL

Zip

33314

Country

Zip

33314

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEL Number

57-1199980

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  
TAX DEFENSE CENTER, INC.

Street Address (P.O. Box Number is Not Acceptable)  
2350 W 84TH STREET

Suite, Apt. #, Etc.

#18

City

HIALEAH

State

FL

Zip Code

33016

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

Date

10/16/06

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
P	JULIO A. HERNANDEZ	4481 SW 52 CT #8	DANIA, FL 33314
	10/22		
			200081119598 10/23/06--01047--010 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/06

Date

305-825-2500

Daytime Phone #

**Esven Equipment Repairs, Inc**  
**4481 SW 52<sup>nd</sup> Court #8**  
**Dania, FL 33314**  
**Tel# 954-931-3257**

October 16<sup>th</sup> 2006

Department of State  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This letter is to inform you that the following corporation **Esven Equipment Repairs, Inc.** doc# **P04000035252** was not renewed due to the change of address on the corporation. I never received any correspondence from your office for my corporation renew due to my address change.

Please accept my apologies for over looking this matter and please accept my money order to activate this corporation.

My new address is on top of this letter, please accept my apologies. If you have any questions please call me at the number above.

Sincerely



Julio A. Hernandez  
Esven Equipment Repairs, Inc.