

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000051046

1. Corporation Name
Fort Lauderdale Escort Service Inc.

2. Principal Office Address 6430 NE 18 th Ave. Suite, Apt. #, etc. #15		3. Mailing Office Address 6430 NE 18 th Ave. Suite, Apt. #, etc. #15	
City & State Pompano Beach Fl.		City & State Pompano Beach Fl.	
Zip 33334	Country Broward	Zip 33334	Country Broward

FILED
06 NOV -7 PM 12:46
SEC. OF STATE
TALLAH. FLA.

REINSTATEMENT 05-016

4. Date Incorporated or Qualified To Do Business in Florida 3/2004

5. FEI Number 20-0904386

6. CERTIFICATE OF STATUS DESIRED ☐ **Applied For** ☐ **Not Applicable** ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Christian Fiorenza

Street Address (P.O. Box Number is Not Acceptable) 6430 NE 18th Ave

Suite, Apt. #, Etc. #15

City Pompano Beach

State FL **Zip Code** 33334

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 *Chg Fr* **Date** 11/3/06

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
Pres	Christian Fiorenza	6430 NE 18 th Ave #15	Pompano Beach Fl. 33334
VP	Nikouls Michalopoulos	201 N Ocean Blvd #1005	Pompano Beach Fl. 33334

700081557187
11/07/06--01003--020 **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: *Chg Fr* Christian Fiorenza **Date** 11/3/06 **Daytime Phone #** 954-479-0864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

207
11/3/06

To whom it may concern,

I am sending a check for \$300.00 to for Corporation Reinstatement. I spoke to someone in your office regarding my not receiving my annual report notices for the past two years and she said that it showed that they were returned. They also said the \$300.00 would reinstate my corporation.

The corporate name is Fort Lauderdale Escort Service Inc.

I am Christian Fiorenza and the President of the Corporation. I appreciate your help in this matter.

Thank you

Christian Fiorenza