

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 DEC 27 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BY 12-28-07



DOCUMENT # P05000101567 1. Entity Name ESCA INVESTMENTS NETWORK, INC.	
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Principal Place of Business 433 MULBERRY GROVE ROAD ROYAL PALM BEACH, FL 33411 US	Mailing Address 433 MULBERRY GROVE ROAD ROYAL PALM BEACH, FL 33411 US
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2. Principal Place of Business - No P.O. Box # 7900 Harbor Island Dr Suite, Apt. #, etc. # 1220 City & State North Bay Village, FL Zip 33141	3. Mailing Address 7900 Harbor Island Dr Suite, Apt. #, etc. # 1220 City & State North Bay Village, FL Zip 33141	4. FEI Number 20-3178209 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

REINSTATEMENT

6. Name and Address of Current Registered Agent

ESTRADA, DIEGO F
433 MULBERRY GROVE ROAD
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name: **Estrada, Diego F**
 Street Address (P.O. Box Number is Not Acceptable):
7900 Harbor Island Dr # 1220
 City: **North Bay Village** FL Zip Code: **33141**

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: Diego Estrada DATE: 12-28-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, 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	
TITLE: P <input type="checkbox"/> Delete NAME: ESTRADA, DIEGO F STREET ADDRESS: 433 MULBERRY GROVE ROAD CITY-ST-ZIP: ROYAL PALM BEACH, FL 33411	
TITLE: VP <input type="checkbox"/> Delete NAME: CAISED, MAURICIO STREET ADDRESS: 1935 NW 167TH TERRACE CITY-ST-ZIP: PEMBROKE PINES, FL 33028	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: ESTRADA, DIEGO F STREET ADDRESS: 7900 HARBOR ISLAND DR #1220 CITY-ST-ZIP: North Bay Village, FL 33141	
TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CAISED, MAURICIO STREET ADDRESS: 7900 HARBOR ISLAND DR #1506 CITY-ST-ZIP: North Bay Village, FL 33141	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 600113429406 STREET ADDRESS: 12/27/07-01019-005 CITY-ST-ZIP: **150.00	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Diego Estrada DATE: 12-28-07 DAYTIME PHONE #: 561-2071949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR