PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JAN -4 PM 12:28

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100189428951
01/04/11--01049--010 **750.00

CR2E081 (6/10)

DOCUMENT # P05000150957

1. Corporation Name
Estate Organization a Resolution Services Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3620 S Omar Ave	P.O. Box 130108
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33629 Country: USA	Zip: 33681 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Nov 14, 2005

5. FEI Number: 54-2076656 ☐ 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: Michelle Passoff

Street Address (P.O. Box Number is Not Acceptable): 3620 S Omar Ave

Suite, Apt. #, Etc.

City: Tampa State: FL Zip Code: 33629

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: M Passoff — REGISTERED AGENT MUST SIGN — Date: 12/30/10

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	Michelle Passoff	3620 S Omar Ave	Tampa FL 33629
T	Andre Kuppermunz	3620 S Omar Ave	Tampa FL 33629
	REINSTATEMENT to B 1/6/11		
	andre@estateresolutionservices.com		

10. E-mail Address: michelle@estateresolutionservices.com
(To be used for future annual report notification)

11. 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, I further certify, 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: M Passoff — 12/30/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #