2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000123923

1. Entity Name
ESPO CAPITAL, INC.

FILED
07 NOV -7 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15585 OCEAN WALK CIRCLE #8214 FORT MYERS, FL 33908	15585 OCEAN WALK CIRCLE #8214 FORT MYERS, FL 33908

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o SRS Management 457 State Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Beaver, PA
Zip / Country	Zip: 15009 / Country: USA

09242007 REIN-P CR2E098(1/07) REINSTATEMENT 07

4. FEI Number: 20-5631712 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name: Ralph O. Esposito
Street Address (P.O. Box Number is Not Acceptable): 15585 Ocean Walk Circle #8214
City: Fort Myers FL Zip Code: 33908

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 [signature] Ralph O. Esposito, Director November 1, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

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11/07/07--01062--015 **758.75

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESPOSITO, RALPH O 15585 OCEAN WALK CIRCLE #8214 FORT MYERS, FL 33908 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Werner I. Staaf 48754 Brushville Road East Palestine, OH 44413 ☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Ralph O. Esposito, Dir. 11/1/07 (724)773-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 7 2007