

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000133893

1. Entity Name  
SANTA ESMERALDA INC.



FILED

08 JAN 17 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3301 NE 5 AVE  
214  
MIAMI, FL 33137

Mailing Address

3301 NE 5 AVE  
214  
MIAMI, FL 33137

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

07-08

4. FET Number

20-5809585

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEZBIDA, IRINA V  
3301 NE 5 AVE  
214  
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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  
NAME BEZBIDA, IRINA V  
STREET ADDRESS 3301 NE 5 AVE APT 214  
CITY-ST-ZIP MIAMI, FL 33137

☐ Delete

TITLE VP  
NAME FONT, ORLANDO  
STREET ADDRESS 3301 NE 5 AVE APT 214  
CITY-ST-ZIP MIAMI, FL 33137

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRINA V. BEZBIDA

Date

Daytime Phone #

01.15.08 305-786-6788