

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -7 P 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000124147

1. Corporation Name

E S O Distributors Inc.

2. Principal Office Address - No P.O. Box #

5743 Hollywood Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

5743 Hollywood Blvd.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33021

Country

U.S.A.

Zip

33021

Country

U.S.A.

000180564810

05/07/10--01037--016 **450.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2007

5. FEI Number

26-1423976

☒ 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

Enrique Baiz

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

10019 NW 128 Terrace

Suite, Apt. #, Etc.

City

Hialeah Gardens.

State

FL

Zip Code

33018

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 05-05-2010

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	Enrique Baiz	10019 NW 128 Terrace Hialeah Gardens	Hialeah Gardens/ FL/33018
VP	Osvaldo Izquierdo	323 NE 30 Avenue	Homestead/FL/33033
VP	Saul Ponce	1800 NW 117 Terrace	Pembroke Pines/FL/33026

REINSTATEMENT

08-10

10. E-mail Address: ESR PERFORMANCE @ yahoo.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:

05/05/10 (805) 231-3388