

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -5 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019364

1. Corporation Name

ESSEBE Collection Inc.

2. Principal Office Address

14700 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

North Miami Beach

Zip

33181

Country

FL

3. Mailing Office Address

14700 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

North Miami Beach

Zip

33181

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/1993

5. FEI Number

650398391

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

Sara Barenboim

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

14700 Biscayne Blvd.

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33181

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 12/01/05

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
DP	Sara Barenboim	14700 Biscayne Blvd	North Miami Beach FL 33181
DV	Julio Barenboim	14700 Biscayne Blvd	North Miami Beach FL 33181

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10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio Barenboim

Date

12/01/05 305-947-0800

Daytime Phone #