

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 DIVISION OF CORPORATIONS  
 SECRETARY OF STATE

FILED

94-99-4 7/10/99

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

993000019539  
 E S L productions

Principal Place of Business

Mailing Address

8150 SW 79 Terr  
 Miami FL 33143

W99-12034

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	JULIAN GARCIA SELLE	8150 SW 79 Terr.	Miami FL 33143
Treasurer	Kathleen R. Garcia-Selle	8150 SW 79 Terr.	Miami FL 33143
Vice Pres			
Secy			

100002903731--3

06/14/99-01016--024

\*\*\*1500.00 \*\*\*1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JULIAN GARCIA SELLE  
 8150 SW 79 Terr.  
 Miami FL 33143

Name

JULIAN GARCIA SELLE

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

Suite, Apt. #, Etc

City

Miami

State

Zip Code

FL

33143

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

JULIAN GARCIA SELLE  
 REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax)

12. 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 I filed this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0101, F.S., that all taxes 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)(f), 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:

JULIAN GARCIA SELLE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Julian Garcia-Selle

5/10/99

Date

(305)  
 598-5799  
 (Telephone Phone #)

CR2E081 (12-98)