

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 15 PH 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000020988**

1. Corporation Name

Esquire Farms, 1993 Inc.

2. Principal Office Address

785 South Congress Ave

Suite, Apt. #, etc.

20

City & State

Delray Beach, Florida

Zip

33445

Country

USA

3. Mailing Office Address

Same as #2.

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 22, 1993

5. FEI Number

65-0604391

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

000003369860-6

Name

Keith A. Martin, Esq.

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

2331 North State Road 7

Suite, Apt. #, Etc.

222

City

Lauderhill

State
FL

Zip Code
33313

REINSTATEMENT 99-00 TS

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

Keith A. Martin Esq.

Date **8/8/00**

REGISTERED AGENT MUST SIGN

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	Bernard James	c/o 785 S. Congress Avenue, Suite #20	Delray Beach, FL 33445
S/T	Edward Depass	c/o 785 S. Congress Ave Suite #20	Delray Beach, FL 33445

REINSTATEMENT 99-00 TS

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

8/8/00 (561-330-9956)

Date

Daytime Phone #

CR2E081 (9/99)