
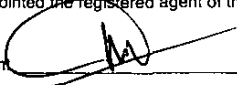
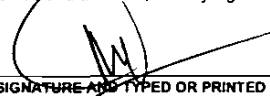


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000020988			
1. Corporation Name ESQUIRE FARMS 1993, INC			
2. Principal Office Address 3691 NW 15 <sup>TH</sup> STREET		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAUDERHILL FL		City & State	
Zip 33311	Country U.S.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 3/22/1993		5. FEI Number 65-0604391	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name BERNARD JAMES			
Street Address (P.O. Box Number is Not Acceptable) 10335 NW 31 <sup>ST</sup> COURT			
Suite, Apt. #, Etc.			
City SUNRISE		State FL	Zip Code 33351
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 		Date 11/21/06	
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
PD	BERNARD JAMES	10335 NW 31 <sup>ST</sup> COURT	SUNRISE FL 33351
VP	ABDELMONEIM ABDELHAMAN	4475 CARAMBOLA CIR S	COLONUT CREEK FL 33066
SEC	MOHAMAD HASSAN	1750 NE 40 PL	FT LAUDERDALE FL 33311
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 contained in Chapter 119, 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: 		11/21/06 754-234-3631	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	