

H0000006400

①

CORPORATION REINSTATEMENT

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

DOCUMENT # **P93000061149**

1. Corporation Name
ESPADON GROUP, Inc.

2. Principal Office Address
208 N. UNIVERSITY DRIVE

3. Mailing Office Address
State, Apt. #, Etc.

City & State
PENBROKE PINES, FLORIDA

City & State

Zip
33025

Country
U.S.A.

FILED
00 DEC 12 PM 2: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date incorporated or Qualified To Do Business in Florida **09/01/93 SP**

5. FEI Number **65-0463681** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED 58702 Application Fee (In accordance with 612 of 58)

7. Name and Address of Current Registered Agent

Name **PATRICK MOYAL**

Street Address (P.O. Box Number is Not Acceptable)
208 N. UNIVERSITY DRIVE

State, Apt. #, Etc.

City **PENBROKE PINES,** State **FL** Zip Code **33025**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* **12/12/00**
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDS	KENNY IBGUI	9/8 INTERNET FRANCE 25 RUE ALPHONSE DE NEUVILLE	75017 PARIS, FRAN

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)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **KENNY IBGUI** **12-12-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000064700 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 922-4004

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

CORPORATION REINSTATEMENT

ESPADON GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

