

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED

1998 MAR -4 PM 3: 47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000008906

1. Corporation Name

ESE INC.

Principal Place of Business

Mailing Address

**210 SW 23 ROAD
 MIAMI, FL 33129**

**210 SW 23 ROAD
 MIAMI, FL 33129**

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		4. Date Incorporated or Qualified To Do Business in Florida JANUARY 29, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0465893	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	DIRK BOHNES	19195 MYSTIC POINT DR TOWER 100, APT. 2605	AVENTURA, FL 33180
			400002449814--5
			-03/09/98--01002--009
			***1200.00 ***1200.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

**MONICA C. FERNANDEZ
 210 SW 23 ROAD
 MIAMI, FL 33129**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Monica C Fernandez
 REGISTERED AGENT MUST SIGN

Date **2/28/97**

11. This corporation owes or has paid 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 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:

Dirk Bohnes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97
 Date

(305) 285-2093
 Daytime Phone #

CR2000 (1/98)