	PLEASE READ A CICATION FOR STATEMENT	FLORIDA DEPA FLORIDA DEPA Ryther Crete	RTME	BEFORE C ir OF ST is inte	OMPLET	ING THIS FORM. FILLU SECRETARY OF STAT	
DOCUMENT # P94000039610 1 Conjunction Name ESSKAY, INC					99 SEP 29 AMII: 07		
1045	TO NW 8th ST						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable					4. Date Incorp	orated or Qualified	7
Suite, Apt. #	. etc	Suite, Apl. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 5/24/94		
City & State	<del>-</del>	City & State			5. FEI Number	049 1129	Applied For Not Applicable
Zψ	Country	Z(p	Country	6. \$8.75 Addition		Additional Fee required Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/o	or Director (Florida nonpro					
Title(s)	name of Officers and/or Directors	and/or Directors Officer an			t Address of Each er and/or Director Post Office Box Numbers)  City / State / Zip  4		
DP	P SANDRA KAPLAN 10457 NW 8th ST#105 PEMBROKE PINES, FL 330						
					7	PCICHCICICICICIC -10/06/990 ****300,00	662-2 1080004 ****300.00
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent Name			
SANDRA KAPLAN 10457 NW 85 ST STE 105							
10457 NW 813 SI STE 105				Street Address (P.O. Box Number is Not Acceptable)			
PEMBROKE PINES, FL 33026				Suite, April 11, Eco.			CAZEO61
			City State Zip Code FL				
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 Agent Park Registered Agent MUST SIGN  Date 9/22/99							
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No Diagnostic No Intangible							
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.							
SIGNAT	TURE: Sanha Ez SIGNATURE AND TYPED OR PRIN SANDRA KA	IPLANIED F SIGNING OF	FICER OR C	DIRECTOR		9/2 × /99 9.	54-431-5067 The Phone #