

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 03

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>945000026343</b>			
1. Corporation Name <b>Estherika, Inc.</b>			
2. Principal Office Address <b>683 N Biscayne River Drive</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State	
Zip <b>33169</b>	Country <b>usa</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>04-03-1995</b>	
5. FEI Number <b>650569938</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>Alfandary, Esther</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>683 N Biscayne River Drive</b>	
Suite, Apt. #, Etc.	
City <b>Miami</b>	State <b>FL</b> Zip Code <b>33169</b>

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 *G. SIMON* Date **JAN 2, 04**

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	Esther Alfandary	683 N Biscayne River Drive	Miami, FL 33169
V	Isaac Simhon	683 N Biscayne River Drive	Miami, FL 33169

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: *G. SIMON* Date **JAN 2, 04** 305-218-1395  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2081 (10/02)

January 2, 2004

Florida Department of Corporation

To Whom It May Concern:

This letter certified that Estherika, Inc. send the Annual Uniform Report before May of 2003, We are asking you to please waive the reinstatement feed and we will send to you the appropriated information. Enclosed find a check and reinstatement application.

Thank you in advance for your cooperation

Sincerely,  
Nara L. Henry  
Office Manager