PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			F	! !	Katheri ı Secretar	TMENT OF ne Harris y of State	•	D	IVISIO	FILED RETARY OF STA N OF CORPORA AY - I AH IO:	TIONS	
DOCUMENT # P95000044021 1. Corporation Name ESCANO EXPONT Supply and SZI E. HAITT AVE CLEWISTON FLORIDO 33440 - 4706										-		-	
2. Principa Suite, Apt. #	V E	55	tATI B	roe .	Ja. Mailing C	mice Addre	33440 - ss	4706	REINSTATEMENT 9900				
	w1570	~ Å	Cons	y	City & State	<u></u>	Country		4. Date Incorp. To Do Busi 5. FEI Numbe 6. CERTIFICATE	r 19	3779	Not	lied For Applicable
50		0 <i>000</i> - 100 - 100	**************************************	<u> </u>	7. N	lame and A	ddress of Curr	ent Register	ed Agent	*** ****	IOI D	A CONTRACTOR	MARKET .
	Name CAROLYN MILLER Street Address (P.O. Box Number is Not Acceptable) HC 6/ B64 340								700003250187-9 -05/12/0001033014 ****900.00 *****900.00				
	Suite, Apt.	ŧ, Etc.	CL		1000 1	/	From	NOD		State	Zip Code		·
8. I, being Signature of Registered <i>i</i>		registere		e above r		lla		accept the ob	oligations of section		5 or 617.0503, F.S.		
9. Names	and Street Ad	dresses		er and/or	Director (Flo	rida nonpro	fit corporations						
Titles	Name of Officers and/or Directors							dress of Each			City / State / 2		
1243	CAROLYN			M14	la	HG 61 Bo			X 340	C	CONTRA 23	FU	
				· <u>-</u>		Cu	WITTON	FLA	33440		33	480	
			· <u>, </u>						a				
									:			AD	
this rein	nstatement app by the corporati	olication, on have	the reason for been paid an	or dissolut id the nam	ion has beer les of individ	eliminated uals listed o	, the corporate n	ame satisfies ot qualify for a	the requirements an exemption und	of section	617, F.S. I further cert 607.0401 or 617.0401, 119.07(3)(i), F.S. The in	F.S., that i	all fees