

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



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

FILED

99 NOV 19 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073921

1. Corporation Name  
Escobar Equipment Corp

Principal Place of Business Mailing Address  
12930 SW 133 CT # A 12930 SW 133 CT # A  
MIAMI, Florida 33186 Miami, Florida 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 9/25/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0608963	
City & State		City & State		Applied For Not Applicable	
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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Balbino E. Escobar	12930 SW 133 CT # A	MIAMI FL 33186
S	Gregoria R. Escobar	12930 SW 133 CT # A	Miami FL 33186
Vice	Edgardo A. Escobar	12930 SW 133 CT # A	Miami FL 33186
900003059289-4 -12/02/99--01081--019 ****150.00 ****150.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Balbino Escobar 12930 SW 133 CT # A Miami Florida 33186		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 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: [Signature] Date: 11/15/99  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: [Signature] 10/28/99 (305) 2554455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2

Escobar Equipment Corp.  
12930 SW 133 Court Suite A  
Miami, FL 33186

October 28, 1999

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32399

To whom it may concern:

I am writing this letter due to the fact that I never received my Annual Report because it was sent to the wrong address. Attached herewith please find an application for reinstatement, your Corporate Detail Record, and a check for \$150.00. Please correct your records accordingly and waive all penalties and interest due.

I thank you in advance for your support in this matter, if I could be of any further help please feel free to contact me at the above address.

Sincerely,



Gregoria R. Escobar  
Secretary