


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 21 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000089922**
1. Corporation Name
ESoil 1-27-45-0003 Corporation

2. Principal Office Address
7047 SW 47th ST.
Suite, Apt. #, etc.

3. Mailing Office Address
7047 SW 47th ST
Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State
MIAMI FL.

Zip
33155 Country
USA

Zip
33155 Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
11/27/1995

5. FEJ Number
650639108

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANTHONY ESTEVEZ

Street Address (P.O. Box Number is Not Acceptable)
7047 SW 47th ST

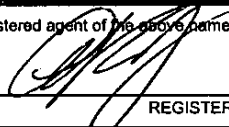
Suite, Apt. #, Etc.
14A

City
MIAMI FLORIDA 33155

State
FL

Zip Code
33155

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  Date **Apr. 20/2006**

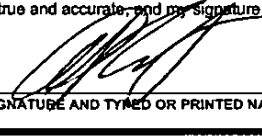
REGISTERED AGENT MUST SIGN

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. | ANTHONY J. ESTEVEZ | 7047 SW 47th ST | MIAMI FL 33155 |
| | | | |
| | | | |
| | | | |

000072134650
04/26/06-01021-023 **1500.00

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 contained in Chapter 119, 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:  Date **April 20, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-20-2006** Debiting Phone # **669-6001**