

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 APR 30 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000046848

1. Corporation Name

ESOIL 1-27-45-0015 Corporation

2. Principal Office Address

4970 SW 72 Avenue

Suite, Apt. #, etc.

101

City & State

Miami, Florida

Zip

33155

Country

USA

3. Mailing Office Address

4970 SW 72 Avenue

Suite, Apt. #, etc.

101

City & State

Miami  
Florida

Zip

33155

Country

USA

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0682210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Estevéz, Anthony

Street Address (P.O. Box Number is Not Acceptable)

4970 SW 72 Avenue

Suite, Apt. #, Etc.

101

City

Miami

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

REGISTERED AGENT MUST SIGN

Date 4-27-01

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
D	Estevéz, Anthony J.	4970 SW 72 Avenue, #101	Miami, FL 33155

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (305) 740-0141

Date

Daytime Phone #