

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED

97 NOV 12 PM 3:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000055465

1. Corporation Name

ESCARDO & ASSOCIATES, INC.

Principal Place of Business

165 SW 132ND AVE.
 MIAMI FL 33184

Mailing Address

165 SW 132ND AVE.
 MIAMI FL 33184

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1996

Suite, Apt. #, etc.

4726 NW 165 ST.

Suite, Apt. #, etc.

4726 NW 165th ST

City & State

MIAMI - FLA

City & State

MIAMI, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

5. FEI Number

65-0679342

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	ESCARDO, JOSE M	165 SW 132ND AVE.	MIAMI FL 33184

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESCARDO, JOSE M
 165 SW 132ND AVE.
 MIAMI FL 33184

Name

CASE, LOUIE F.

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

10311 SW 56th Ave

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33161

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]

REGISTERED AGENT MUST SIGN

Date 11-6-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

[Signature]

Date

11-6-97

Daytime Phone #

305 621-3997

CR2E040 (8/97)

(2)

Escardo & Associates
Marketing • Advertising • Sales Promotions

November 6, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

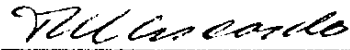
Enclosed please find the check for the amount of \$165.00 for Escardo & Associates application for Corporate Reinstatement.

Due to a change of address we did not received any notification or letter from your department.

Please see attached Reinstatement form with our new address.

If you need additional information please contact our office.

Thank you,



Jose Escardo
President