

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -2 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

E.S. B. Corporation

P 96000087243

2. Principal Office Address

100 W. Cypress Creek Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Florida

Zip

33308

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650700466

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

Gerald Greenspoon, Esq.

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

100 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite 700

City

Fort Lauderdale

State

FL

Zip Code

33309

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/24/03

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/P	Gerald Greenspoon	100 W. Cypress Creek Road Suite 700	Fort Lauderdale, FL 33309

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

Date

3/24/03

Daytime Phone #

CR2E081 (10/02)

LAW OFFICES OF
Greenspoon Marder Hirschfeld Rafkin Ross & Berger *RFZ*
PROFESSIONAL ASSOCIATION

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Orlando Office

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Reply to: Fort Lauderdale

February 25, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: E.S.B. Corporation

Dear Sir/Madam:

This firm represents E.S.B. Corporation. It has come to our attention that E.S.B. Corporation did not receive the 2002 Annual Uniform Business Report, and therefore, said Corporation was administratively dissolved. As a courtesy, could you kindly accept this check in the amount of \$300.00 as payment of the 2002 and 2003 filing fee for the Annual Uniform Business Report.

This office is responsible for processing the Annual Uniform Business Reports for several clients and we do so in a timely manner. Should you be willing to accept this payment and disregard this oversight, we will be certain to document E.S.B. Corporation for renewal on an annual basis. Any consideration that you could give to our client in this regard would be greatly appreciated.

Very truly yours,

GREENSPOON, MARDER, HIRSCHFELD, RAFKIN,
ROSS & BERGER, P.A.



Sheila Mullen
Paralegal

Enclosure

1. Also admitted in Colorado
2. Also admitted in New York
3. Also admitted in Wisconsin
4. Also admitted in Georgia
5. Also admitted in Texas
6. Also admitted in Minnesota
7. Only admitted in the Province of Quebec