PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 NOV 20 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090657

1. Corporation Name
EESDS Enterprises, Inc

W07-55712

REINSTATEMENT 02-07
CR2E061 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1100 Holland Drive	1100 Holland Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton,FL	City & State: Boca Raton, Fl
Zip: 33427 Country: U.S.	Zip: 33427 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 11/01/1996

5. FEI Number: 650759246 ☐ 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: W. Rodgers Moore, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1900 Glades Road

Suite, Apt. #, Etc.: 401

City: Boca Raton | State: FL | Zip Code: 33431

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ 100112177581
11/20/07--01029--019 **908.75
Date

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
VP	W. Rodgers Moore	1900 Glades Road, Ste 401	Boca Raton, FL 33431
DP	Elliot Goldstein	1100 Holland Drive	Boca Raton, FL 33427
DVP	Eleanor Goldstein	1100 Holland Drive	Boca Raton, FL 33427
		100112177581 11/09/07--01046--015 **600.00	

10. I certify that I am an officer or director of 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: W. Rodgers Moore V.P. 11/8/07 (561)394-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #