

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000009940**

**1. Corporation Name**

Eslib, Inc.

**2. Principal Office Address - No P.O. Box #**

1331 South Ocean Drive

Suite, Apt. #, etc.

**City & State**

Fort Lauderdale, Florida

**Zip**

33316

**Country**

USA

**3. Mailing Office Address**

1331 South Ocean Drive

Suite, Apt. #, etc.

**City & State**

Fort Lauderdale, Florida

**Zip**

33316

**Country**

USA

**7. Name and Address of Current Registered Agent**

**Name**

Sandra G. Polselli

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

1331 South Ocean Drive

Suite, Apt. #, Etc.

**City**

Fort Lauderdale

**State**

FL

**Zip Code**

33316

**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**

*Sandra G. Polselli*

REGISTERED AGENT MUST SIGN

**Date** *June 04, 2009*

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P/S/D	Sandra G. Polselli	1331 South Ocean Drive	Fort Lauderdale, Florida 33316
	<i>[Signature]</i>		

**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:**

*Sandra G. Polselli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*June 04, 2009*

Date

Daytime Phone #

FILED

09 JUN -9 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700156747687  
06/09/09--01029--022 \*\*1800.00

**REINSTATEMENT 98-09**  
CR2E081 (12/08)

**4. Date Incorporated or Qualified  
To Do Business in Florida** 01-31-97

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.