

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 29 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039370

1. Corporation Name

ESSEX MANAGEMENT, INC.

Principal Place of Business

9583 SUN ISLE DRIVE. NE
ST PETERSBURG FL 33702
US

Mailing Address

9583 SUN ISLE DRIVE. NE
ST PETERSBURG FL 33702
US



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1997

5. FEI Number

65-0752694

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PEREZ, MEL	9583 SUN ISLE DR. NE	ST. PETERSBURG FL 33702
T	PEREZ, THOMAS	1053 MANSION RIDGE RD	SANTA FE NM 87501
			400025635714 12/19/03--01044--003 **150.00

8. Name and Address of Current Registered Agent

KING, CLIFFORD M
1800 SECOND STREET SUITE 855
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

MEL PEREZ

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

9583 SUN ISLE DR. NE

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33702

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. or 617.0505, F.S.

Signature of
Registered Agent

Thomas Perez
REGISTERED AGENT MUST SIGN

Date 12-16-03

11. 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:

Thomas Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-03 505-995-0422

Date

Daytime Phone #

CR2040 (7/03)

ESSEX MANAGEMENT INC.
1053 Mansion Ridge Road
Santa Fe, NM 87501
Phone 505-995-0422
Fax 505-995-0158
Email: TomPerez @MSN.com

Date: 12/16/03

To: Florida Division of Corporations

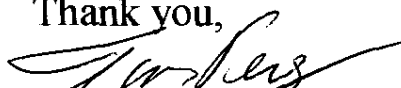
Re: Essex Management, Inc
Document #P97000039370

We recently received this notice of administrative dissolution of Essex Management, Inc. We did not have any record of receiving a prior notice and I called your office yesterday. I described the circumstances and the individual in your office advised me to pay the standard fee of \$150.00 and write this letter requesting removal of the late fees.

We are a small company that is inactive except for payments we receive for the sale of this company and to pay the \$750. Would be a significant burden.

Please accept this letter as our request for relief and our statement that we did not receive a prior bill.

Thank you,


Tom Perez, Treasurer