APPLICATION FOR REINSTATEMENT

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

FILED
H99000019703 SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P97000060380

1. Corporation Name

ESPLANADE REALTY, INC.

Principal Place of Business / Mailing Address

12428 North Bayshore Drive
Miami, Fl 33181

REINSTATEMENT 98-99

4. Current Mailing Address, If Applicable: 12428 North Bayshore Dr	Suite, Apt. #, etc.	5. New Mailing Address, If Applicable: Suite, Apt. #, etc.	6. Date Incorporated or Qualified to Do Business in Florida: 7-11-97
City: Miami, Florida		City & State	7. FEI Number: 65-0767483 (Applied For / Not Applicable)
Zip: 33181	County: Dade	Zip	County
			8. CERTIFICATE OF STATUS ORDERED ☐

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

Title(s) 1	Name(s) of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use P.O. Box) 3	City / State / Zip 4
PDT	Lina Barcelo	12428 North Bayshore Dr Miami, Fl 33181	Miami, Florida 33181
SVD	Eloy D. Carmenate	12428 North Bayshroe Drive	Miami, Florida 33181

8/18/4

10. Name and Address of Current Registered Agent

Brito & Brito Accounting
407 Lincoln Road #SB
Miami Beach, Fl 33139

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City | State: FL | Zip Code

10. I hereby agree to act as Registered Agent of the above named corporation, to accept service of process within Florida and to accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 8-6-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (Give other info by information on intangible tax.)

12. I certify that I am an officer or director of the applicant or trustee empowered to execute this application as provided for in Section 607 or 617, F.S. I further certify that when this reinstatement application, the names for dissolution have been eliminated, the corporate name complied 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] 8/9/99
Signature and Typed or Printed Name of Individual Executing Application — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)922-4004

From:
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Phone : (305)599-0839
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CORPORATION REINSTATEMENT

ESPLANADE REALTY, INC.

Certificate of Status	1
Certified Copy	0
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