PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 JUN -2 PM 4: 29
DOCUMENT # P970	VV)62 777	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P97000062777 1. Corporation Name ESPAR CORPORATION		
£ 3,11,12		500020539375
2. Principal Office Address	3. Mailing Office Address	06/05/0301016003 **1200.00
12963 NW 18 MANOR Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.	MSTATEMENT 00-03
City-8 State	City & State	4. Date Incorporated or Qualified To Do Business in Florida
Kembride times, 17.		5. FEI Number 65 -0 7988 33   Applied For Not Applicable
33078 USA	Zip Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Table OLAYA TOERES  Street Address © D. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Rembroke PINES  The Address of Current Registered Agent  101/1025-1026  10		
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 REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and  Name of Officers and/or Directors	/or Director (Florida nonprofit corporations must list at lea Street Address of Each Officer and/or Director	st 3 directors)  City / State / Zip
POBS OLGA ESCALA		MOR Pembroke PINES 7.3898
Any Zoroya Tours	13963 WW 1871/A	
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 filling 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 accorate, 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  Date  Date  Date  Date		

v-

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## WEINSTINE WINTHROP &

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Constance K. White

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April 30, 2003

Department of State **Division of Corporations** 409 East Gaines St. Tallahassee, FL 32399

Re: D'Amico & Sons, Inc. Corporation Reinstatement

To Whom it May Concern:

Enclosed please find a Corporation Reinstatement Form for D'Amico & Sons, Inc. (D'Amico's). D'Amico's was revoked for failure to file an annual report on or about September 2001. In submitting this Reinstatement, D'Amico's would respectfully request that the reinstatement fees be waived on the basis that the 2001 and 2002 Uniform Business Report forms were never received by D'Amico's. Also enclosed is a check in the amount of \$450 representing back payment for the annual fees for 2001, 2002 and current fees for 2003. Please contact me at your earliest convenience to advise if our request for waiver has been denied so the additional reinstatement fees can be submitted; my direct line is 612-347-0627 or, you can e-mail me at cwhite@winthrop.com.

Thank you in advance for your assistance in this regard.

Very truly yours,

WINTHROP & WEINSTINE, P.A.

Constance K. White Paralegal to Hart Kuller

**Enclosures** 

Bv-

Paul Smith, D'Amico & Partners (w/out attachment) cc:

Joan Ferris, D'Amico & Partners (w/attachment)