

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 11 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000021338

1. Corporation Name
ESQUIRE PRODUCTS LIMITED, INC

2. Principal Office Address
800 S.E. 3RD AVE

Suite, Apt. #, etc.
SUITE 200

City & State
FT. LAUDERDALE, FL

Zip
33316

Country
BROWARD

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
"

City & State
"

Zip
"

Country
"

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **3/5/98**

5. FEI Number

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
JAY CHIMPOULIS, Esq

Street Address (P.O. Box Number is Not Acceptable)
800 S.E. 3RD AVE

Suite, Apt. #, Etc.
SUITE 200

City
FT. LAUDERDALE

100003576681

01/26/01 01060 18
******750.00 ****750.00**

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

Date **1/10/2001**

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
PRES TREAS	JAY CHIMPOULIS	800 S.E. 3 RD AVE #200	FT LAUDERDALE, FL 33316
V.P. Secy	WILLIAM R. LEMOS	5104 MAGGIORE	CORAL GABLES, FL 33146

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 (954) 463-0033

Date

Daytime Phone #

LAW OFFICES
O'CONNOR & MEYERS

PROFESSIONAL ASSOCIATION

800 S.E. 3RD AVENUE

SUITE 200

FORT LAUDERDALE, FLORIDA 33316

TEL (954) 463-0033

FAX (954) 463-9562

E-MAIL @OCONNORMEYERS.COM

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ANA SANTA ANA

MEDICAL ANALYST
JOANNA B. HOFFMAN

ADMINISTRATOR
L.R. FORNEY, JR.

MAIN OFFICE
2801 PONCE DE LEON BLVD.
NINTH FLOOR
P.O. BOX 149022
CORAL GABLES, FL 33114-9022
TEL (305) 445-4090
FAX (305) 445-7728

January 10, 2001

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, Fla. 32399

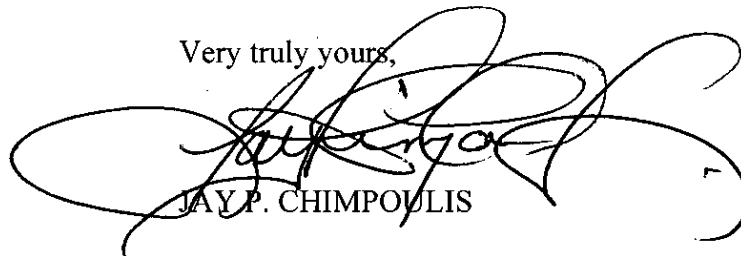
**RE: Esquire Products Limited, Inc.
Document #P98000021338**

Dear Madam/Sir:

Enclosed please find check #3589 in the amount of \$750.00, along with my application for corporation reinstatement of Esquire Products Limited, Inc. I trust that the enclosed documentation is sufficient for reinstatement and that you will contact me should you require any additional information.

Thank you for your consideration.

Very truly yours,



JAY P. CHIMPOULIS

JPC:slb

encs.

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