

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

FILED

02 MAR 29 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR

01-02



DOCUMENT # P98000021338

1. Corporation Name

ESQUIRE PRODUCTS LIMITED, INC.

Principal Place of Business

800 S.E. 3RD AVENUE, STE 200
FORT LAUDERDALE FL 33316

Mailing Address

800 S.E. 3RD AVENUE, STE 200
FORT LAUDERDALE FL 33316

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

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

03/05/1998

5. FEI Number

NOT APPLICABLE

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
PT	CHIMPOULIS, JAY	800 S.E. THIRD AVENUE SECOND FLO	FORT LAUDERDALE FL 33316
VS	LEMONS, WILLIAM R	5104 MAGGIORE	CORAL GABLES FL 33146

100005258851-3
-04/12/02--01115--003
****300.00 ****300.00

8. Name and Address of Current Registered Agent

CHIMPOULIS, JAY
800 S.E. 3RD AVENUE, STE 200
FORT LAUDERDALE FL 33316

9. 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, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/27/02
[Signature]

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:

[Signature]

JAY CHIMPOULIS

Date

Daytime Phone #

3/27/02
[Signature] 954463-003

CR2E040 (8/01)

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LAW OFFICES
**O'CONNOR, CHIMPOULIS, RESTANI,
MARRERO & McALLISTER, P.A.**

PROFESSIONAL ASSOCIATION

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*BOARD CERTIFIED IN
APPELLATE PRACTICE

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JOANNA HOFFMAN HORN

ADMINISTRATOR
L.R. FORNEY, JR.

MIAMI OFFICE

2801 PONCE DE LEON BLVD.
NINTH FLOOR
CORAL GABLES, FL 33134
TEL(305) 445-4090
FAX (305) 445-7728

March 27, 2002

Division of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, Fla. 32314-6327

RE: Esquire Products
Document #P98000021338

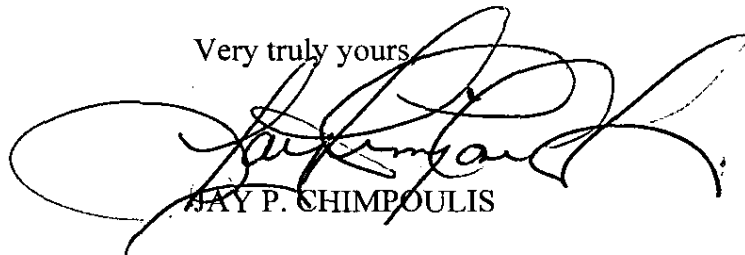
Dear Sir/Madam:

I am the president of Esquire Products Limited, Inc. We have enclosed our application for reinstatement and payment in the amount of \$300.00, as instructed by your examiner.

Please be advised that we have never received Second Notice Annual Reports/Uniform Business Reports.

I would appreciate it if you would accept this application and reinstate our corporation at your earliest convenience. Thank you for your assistance.

Very truly yours,



JAY P. CHIMPOULIS

JPC:slb

enc.