

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 25 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000002930

1. Corporation Name

ESICA CORPORATION

Principal Place of Business

ESICA CORPORATION
2000 Stirling Road
Dania, FL 33004

Mailing Address

ESICA CORPORATION
2000 Stirling Road
Dania, FL 33004



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

2. New Principal Office Address, If Applicable

2000 STIRLING ROAD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2000 STIRLING ROAD

Suite, Apt. #, etc.

City & State

DANIA - FL

Zip 33004

Country

City & State

DANIA - FL

Zip 33004

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1999

5. FEI Number

65-0886935

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
PSTD	ZAMBRANO L, LUIS	PISO 1 OFICINA 105, LOS PALOS GR	CARACAS, VENEZUELA
V	OROPEZA, ADRIANA J	10650 N.W. 29 TERRACE	MIAMI FL 33172

300003471273--4
-11/20/00--01149--009
*****600.00 *****600.00

REINSTATEMENT

SP

8. Name and Address of Current Registered Agent

LUIS ZAMBRANO
21150 NE 38th AVE. # 905
AVENTURA, FL 33180

9. Name and Address of New Registered Agent

Name

LUIS ZAMBRANO

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

21150 NE 38TH AVE

Suite, Apt. #, Etc.

SUITE 905

City

AVENTURA

State

FL

Zip Code

33180

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-23-00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS ZAMBRANO-PRES

Date

10-23-00

Daytime Phone #

305-9702360

CR2E040 (8/00)