

YEAR 2001

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 19 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000021020

1. Corporation Name

ESPECTRONS CORPORATION

2. Principal Office Address

3. Mailing Office Address

7750 E. KENWAY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FLORIDA

Zip

Country

Zip

Country

33433

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

65-0909270

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

500003912155-8

Name

FREEMAN, STEPHEN

03/27/01-01065-16

****300.00 ****300.00

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

520 BRICKELL KEY DRIVE

Suite #305

Suite, Apt. #, Etc.

305

City

Miami FLORIDA

33131

State
FL

Zip Code

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

[Signature]

Date 2/1/01

REGISTERED AGENT MUST SIGN

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
P	MAURICIO ZYLBERKAN	7750 E. KENWAY PLACE	BOCA RATON FL 33433

DD-01 UGR 78

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01

Date

561-361-9822

Daytime Phone #

CR2E081 (9/00)

ESPECTRONS CORPORATION
7750 E. KENWAY PLACE
BOCA RATON , FL . 33433

2/5/01


TELE # 1-561-361-4822

DEAR DEPT. OF STATE

PLEASE ACCEPT OUR CHECK FOR \$300. THIS
REPRESENTS PAYMENT FOR YEARS 2000 AND 2001.
PLEASE REINSTATE THE ABOVE NAME CORPORATION
BECAUSE WE NEVER RECEIVED OUR ORIGINAL ANNUAL
REPORT , OR DID WE RECEIVE ANY LATE NOTICE .

PLEASE LET US KNOW YOUR POSITION

THANK YOU

X 
MAURICIO ZYLBERKAN
PRES.