

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 99 0000 78 878

1. Corporation Name

English-Spanish Business Services, Inc

2. Principal Office Address

18795 SW 29 st

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33029

Country

USA

3. Mailing Office Address

18795 SW 29 st

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33029

Country

USA

REINSTATEMENT

02-06

CR2E081 (12/05)

5/01/02

91513

011

150.00

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/99

5. FEI Number

650945023

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

Diego Saldana

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

18795 SW 29 st Miami FL 33029

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33029

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

3/20/06

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
VP	Diego Saldana	18795 SW 29 st	Miami FL 33029
P	Marilyn Zeledon	18795 SW 29 st	Miami FL 33029

700073457087
05/01/06--01032--029 **\$900.00

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 contained in Chapter 119, 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:

Marilyn Zeledon - MARILYN ZELEDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/06 954-443-6358

Daytime Phone #

2/2

03/20/2006

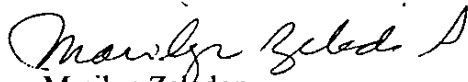
Sirs
Department of State
Division of Corporations

Sirs

_____ This letter is to state that we did not receive the annual report notice for 2002 because of a change of address. Therefore, we are sending the fees corresponding to the years 2002, 2003, 2004, 2005 and 2006, for a total of \$900.

Also, we are attaching an application of agent change.

Sincerely,


Marilyn Zefedon
Director