

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000109199

1. Corporation Name

ESI BROADCASTING CORPORATION

Principal Place of Business

Mailing Address

860 US HIGHWAY ONE  
SUITE 108  
NORTH PALM BEACH FL 33408

860 US HIGHWAY ONE  
SUITE 108  
NORTH PALM BEACH FL 33408

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/1999

5. FEI Number

65-0968042

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STOCKLIN, MICHAEL	860 US HIGHWAY ONE	NORTH PALM BEACH FL 33408
V	HESSEE, KEVIN L.	860 US HIGHWAY ONE, # 108	NORTH PALM BEACH, FL 33408
			600003455486--9 -11/07/00--01087--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HESSEE, KEVIN L.  
860 US HIGHWAY ONE  
SUITE 108  
NORTH PALM BEACH FL 33408

Name

HESSEE, KEVIN L.

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

Date

10/20/00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN L. HESSEE

Date

10/20/00

Daytime Phone #

(561) 694-1280

FILED

00 OCT 23 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2E040 (8/00)