

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -3 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59323

1. Corporation Name

STEVEN B. ESQUINALDO, P.A.

REINSTATEMENT 99-83

500023549545
10/03/03--01069--029 **1358.75

2. Principal Office Address

3706 N. Roosevelt Blvd.

Suite, Apt. #, etc.

Suite I

City & State

Key West

Zip

33040-4566

Country

USA

3. Mailing Office Address

3706 N. Roosevelt Blvd.

Suite, Apt. #, etc.

Suite I

City & State

Key West

Zip

33040-4566

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06-12-1991

5. FEI Number

59-2698228

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

Steven B. Esquinaldo

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

3706 N. Roosevelt Blvd.

Suite, Apt. #, Etc.

Suite I

City

Key West

State

FL

Zip Code

33040-4566

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

Steven B. Esquinaldo
REGISTERED AGENT MUST SIGN

Date 09-27/2003

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/T/S/D	Steven B. Esquinaldo	3706 N. Roosevelt Blvd., Suite I	Key West, FL 33040-4566

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:

Steven B. Esquinaldo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-27-2003 (305) 295-9499

Date

Daytime Phone #

CR2E081 (10/02)

7/10/17