


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S98720 1. Entity Name MICHAEL J. ESKRA, CLU AND ASSOCIATES, INC.						FILED 08 NOV 17 PM 4:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 100 MIRACLE MILE SUITE 250 CORAL GABLES, FL 33134 US				Mailing Address 100 MIRACLE MILE SUITE 250 MIAMI, FL 33134			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ESKRA, MICHAEL J. 100 MIRACLE MILE STE 250 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 65-0301119			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME ESKRA, MICHAEL J. STREET ADDRESS 2716 GRANADA BLVD CITY-ST-ZIP CORAL GABLES, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 700138008457 STREET ADDRESS 11/17/08--01056--008 CITY-ST-ZIP **150.00			
TITLE VSD <input type="checkbox"/> Delete NAME ESKRA, ANNE M. STREET ADDRESS 2716 GRANADA BLVD CITY-ST-ZIP CORAL GABLES, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME ESKRA, PETER G. STREET ADDRESS 2716 GRANADA BLVD. CITY-ST-ZIP CORAL GABLES, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>11/15/08</i> Daytime Phone #: <i>305 448-0100</i>			