PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. #1

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 25 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29748

1. Corporation Name

THE ESQROW CORP.

Principal Place of Business	Mailing Address
222 PICCADILLY ST STE 100 W PALM BEACH FL 33407	222 PICCADILLY ST STE 100 W PALM BEACH FL 33407

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
12795 WILDERNESS DR	12795 WILDERNESS DR
Suite, Apt. #, etc.: PALM BCH GARDENS	Suite, Apt. #, etc.
City & State: FL	City & State: Palm Bch Gardens FL
Zip: 33418 Country: Palm Bch	Zip: 33418 Country: Palm Bch

4. Date Incorporated or Qualified To Do Business in Florida: 04/15/1982

5. FEI Number: 65-0332829 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	PUCILLO, ANTHONY E.	222 PICCADILLY ST #100	W PALM BEACH FL

600002016596--9
12/02/96 01007 013
****375.00 ****375.00

8. Name and Address of Current Registered Agent

PUCILLO, ANTHONY E.
~~222 PICCADILLY ST~~ 12795 WILDERNESS DR
~~STE 100~~ PALM BCH GARDENS
~~W PALM BEACH FL 33407~~ FL 33418

9. Name and Address of New Registered Agent

Name: (SAME) ANTHONY E. PUCILLO
Street Address (P.O. Box Number is Not Acceptable): 12795 WILDERNESS DR
Suite, Apt. #, Etc.:
PALM BCH GARDENS | State: FL | Zip Code: 33418

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: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒
(See other side for information on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/18/96
Daytime Phone #

CR2E040 (7/96)