

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 93 000068281

1. Corporation Name

E & R LOGOS COMPANY INC.

Principal Place of Business

Mailing Address

6220 S. ORANGE BLOSSOM TR. SUITE 190
ORLANDO FL. 32809

6220 S. ORANGE BLOSSOM TR. SUITE 190
ORLANDO FL. 32809

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

6220 S. ORANGE BLOSSOM TR. SUITE 190

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL.

ORLANDO FL.

Zip

Country

Zip

Country

32809

32809

4. Date Incorporated or Qualified To Do Business in Florida

09/27/1993

5. FEI Number

39-3204821

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D-V-P S-T	CLEMILSON F. DANTAS	7440 HERRICKS LOOP	ORLANDO FL. 32835

8. Name and Address of Current Registered Agent

CLEMILSON F. DANTAS
7440 HERRICKS LOOP
ORLANDO FL. 32835

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-2000

Date

Daytime Phone #

(407) 812-5554

CP2E081 (12/98)