

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 30 AM 11:20

DOCUMENT # **P 93 000068281**  
1. Corporation Name  
**E & R LOGOS COMPANY INC.**

100003203121--2  
-04/11/00--01052--012  
\*\*\*\*750.00 \*\*\*\*750.00

Principal Place of Business Mailing Address  
**6220 S. ORANGE BLOSSOM TR. SUITE 190**  
**ORLANDO FL. 32809**

**REINSTATEMENT 99-00**

2. New Principal Office Address, If Applicable  
**6220 S. ORANGE BLOSSOM TR. SUITE 190**  
City & State **ORLANDO FL.** Zip **32809** Country

3. New Mailing Office Address, If Applicable  
**6220 S. ORANGE BLOSSOM TR. SUITE 190**  
City & State **ORLANDO FL.** Zip **32809** Country

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-VP-P S-T	CLEMILSON F. DANTAS	7440 HERRICKS LOOP	ORLANDO FL. 32835
			100003203121--2 -04/11/00--01052--011 ****150.00 ****150.00
			400003203134--2 -04/11/00--01052--012 ****750.00 ****750.00
			<i>[Handwritten Signature]</i>

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 **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 *[Signature]* Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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]* - CLEMILSON F. DANTAS Date **02-18-2000** (407) 812-5554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E081 (12/98)