

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 432294

1. Corporation Name

ERICA CORPORATION

2. Principal Office Address

4700 Lucerne Lakes Blvd

3. Mailing Office Address

108 Heron Parkway

Suite, Apt. #, etc.

Apt 101

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Royal Palm Beach, FL

Zip

33467

Country

Palm Beach

Zip

33411

Country

Palm Beach

AND
FILED

06 APR 24 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400073770504
05/03/06--01001--016 **1958.75

REINSTATEMENT

CR2E081 (12/05)

1998-2006 *etc*

4. Date Incorporated or Qualified
To Do Business in Florida

8/8/1973

5. FEI Number

59-1563716

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

Kathleen Z. McCarthy

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

7635 Palm Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

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

Kathleen Z. McCarthy

REGISTERED AGENT MUST SIGN

Date 4/18/2006

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
D/P/T	Erica Emihovich	4700 Lucerne Lakes Blvd, Apt 101	Lake Worth, FL 33467
D/S	Miriam Emihovich	2601 WOODLEY PLACE N.W	WASHINGTON, DC 20008
D/NP	Ronald Emihovich	5717 NW 50th PLACE	GAINESVILLE, FL 32653

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 contained in Chapter 119, 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:

Erica Emihovich

Erica Emihovich

4/18/2006

(561) 439-3904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #