

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 500263

1. Corporation Name

ERSKINE FLORIDA PROPERTIES, INC.

Principal Place of Business

4302 GATOR TRACE DRIVE  
FT. PIERCE FL 34982  
US

Mailing Address

4302 GATOR TRACE DRIVE  
FT. PIERCE FL 34982  
US

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

Suite, Apt. #

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 NOV 22 PM 2:34

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2002 UBR #

200009094632  
11/20/02--01014--005 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

04/01/1976

5. FEI Number

59-1698657

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	ERSKINE, JANET A	8146 THUNDERBIRD COURT	POLAND OH 44514
PS	PATSKO, AMY L	4302 GATOR TRACE DRIVE	FT PIERCE FL 34982
T	VALENCIA, TERRY A	4358 GATOR TRACE CIRCLE	FT PIERCE FL 34982

8. Name and Address of Current Registered Agent

PATSKO, AMY  
4302 GATOR TRACE DRIVE  
FORT PIERCE FL 34982

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Amy Patsko*  
SIGNATURE REQUIRED

Date

11/12/02

REGISTERED AGENT MUST SIGN

11. 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:

*Amy Patsko*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-12-02

Daytime Phone #

CR20040 (8/02)

# ERSKINE FLORIDA PROPERTIES

*Licensed General Contractors*



**Mrs. Amy Patsko**  
4598 Olde Charted Trl.  
Poland, OH 44514-5316



**Mrs. Amy Patsko**  
4598 Olde Charted Trl.  
Poland, OH 44514-5316

561-468-4653

282

11/12/02

Fla. Dept of State

Enclosed please find my check  
#545 in the amount of \$ 150.00.  
I do not recall receiving the  
prior form.

Amy Patsko

The reinstatement fee was  
forwarded from Fla.