

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 23 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006435

1. Corporation Name
Erica Enterprises II, Inc.

2. Principal Office Address

1 EAST FIRST STREET

Suite, Apt. #, etc.

City & State

Reno, NV

Zip
89501

Country
U.S.A.

3. Mailing Office Address

10463 HARRIER STREET

Suite, Apt. #, etc.

City & State

Plantation FL

Zip
33324

Country
U.S.A.

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida 12/18/2001

5. FEI Number
311580427

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
Carlos J. Villanueva, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2100 Ponce de Leon Blvd.

Suite, Apt. #, Etc.
600

City
Coral Gables, Florida

State Zip Code
FL 33134

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

Date 4-27-04

REGISTERED AGENT MUST SIGN

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
P/S/D	Bachelor, Eric	10463 Harrier Street	Plantation, Florida 33324
D	Bachelor, Brenda	10463 Harrier Street	Plantation, Florida 33324

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 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:

Eric Bachelor
ATTY IN FACT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-04

Daytime Phone #

305-377-0812

CR25081 (01/04)