

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 PM 4:52

DOCUMENT #

1. Corporation Name

Document #F22633
Eneric Financial Services, Inc.

2. Principal Office Address

56 E. Burlington Avenue

Suite, Apt. #, etc.

City & State

Fairfield, IA

Zip

52556

Country

Jefferson

3. Mailing Office Address

56 E. Burlington Avenue

Suite, Apt. #, etc.

City & State

Fairfield, IA

Zip

52556

Country

Jefferson

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 10, 1981

5. FEI Number

59-2243914

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

Gary T. Wargo

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

2627 McCormick Drive

Suite, Apt. #, Etc.

Ste. 101

City

Clearwater

State

FL

Zip Code

33759-1036

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

Gary T. Wargo
REGISTERED AGENT MUST SIGN

Date 3/11/05

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/D	Eric Schwartz	56 E. Burlington Ave.	Fairfield, IA 52556
V/S/D	Peter Dollive	56 E. Burlington Ave.	Fairfield, IA 52556
V/D	Amy Webber	56 E. Burlington Ave.	Fairfield, IA 52556
T	James Guy	56 E. Burlington Ave.	Fairfield, IA 52556

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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 Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Schwartz 3/12/05

Date

Daytime Phone #

641/472-5100

CR2E081 (01/05)