PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JUL 30 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002239

REINSTATEMENT 8-03

1. Corporation Name
The Erving Group, Inc.

2. Principal Office Address	3. Mailing Office Address
400 E. Colonial Drive	350 Park Avenue
Suite, Apt. #, etc. Apt # 1606	Suite, Apt. #, etc. C/o Starr & Co., 9th Floor
City & State Orlando, Florida	City & State New York, NY
Zip 32803 / Country USA	Zip 10022 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/20/98

5. FEI Number: 23-2103343 ☐ 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: Julius W. Erving

200021942212
07/30/03--01056--011 **200.00

Street Address (P.O. Box Number is Not Acceptable): 400 E. Colonial Drive

Suite, Apt. #, Etc.: Apt # 1606

City: Orlando | State: FL | Zip Code: 32803

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: Julius W. Erving Date: 7-25-03
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
PCD	Julius W. Erving	400 E. Colonial Drive, Apt #1606	Orlando, Fl 32803

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: Julius W. Erving Julius W. Erving 407-804-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/30