

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

FILED
 01 JAN 18 AM 11:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000006220**

1. Corporation Name
ERAWEST, INC.

Principal Place of Business Mailing Address
~~44 SE FIRST AVE~~ 44 SE FIRST AVE
~~STE 200~~ STE 209
~~OCALA FL 34471~~ Ocala FL 34471



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1515 E. Silver Springs Blvd.
 Suite, Apt. #, etc. **200**
 City & State **Ocala FL**
 Zip **34470** Country **USA**

3. New Mailing Office Address, If Applicable
1515 E. Silver Springs Blvd.
 Suite, Apt. #, etc. **200**
 City & State **Ocala FL**
 Zip **34470** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **11/12/1998**

5. FEI Number **87-0447340** 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) **600003526616--5**

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
TSG	FLOWER, NICHOLAS P <i>delete</i>	1250 ROGERS STREET, SUITE D	GLEARWATER FL 33758
PD PCD	SPEIGHT, C. FRANKLIN	1515 E. Silver Springs Blvd 44 SE FIRST AVE STE 200 Suite 200	OCALA FL 34471 34470
D	SHARPLES, JOHN	44 SE FIRST AVE STE 200 <i>Suite</i> 1515 E. Silver Springs Blvd - 200	OCALA FL 34471 34470
D	<i>Thomas Wilkerson</i>	<i>1515 E. Silver Springs Blvd</i> <i>Suite 200</i>	<i>Ocala FL 34470</i>
TS	<i>Timothy Ellis</i>	<i>1515 E. Silver Springs Blvd</i> <i>Suite 200</i>	<i>Ocala FL 34470</i> LS

8. Name and Address of Current Registered Agent
~~RUGG, JOSEPH W~~
~~201 N. FRANKLIN STREET, SUITE 2100~~
~~TAMPA FL 33602~~

9. Name and Address of New Registered Agent
 Name **John A. Howard**
 Street Address (P.O. Box Number is Not Acceptable) **1023 SE 2nd Street**
 Suite, Apt. #, Etc. **Apt 2**
 City **Ocala** State **FL** Zip Code **34470**

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.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date **01/16/01**

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: *[Signature]* / **C. Franklin Speight** Date **01/16/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **352/266-7585**

CR2E040 (8/00)