

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 FEB 11 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # H 38976

1. Corporation Name

E. R. H., INC.

2. Principal Office Address - No P.O. Box #

315 N. HATHAWAY AVE

Suite, Apt. #, etc.

City & State

BRONSON, FL

Zip Country

32621 LEVY

3. Mailing Office Address

315 N. HATHAWAY AVE

Suite, Apt. #, etc.

City & State

BRONSON, FL

Zip Country

32621 LEVY

500324678445

02/11/19--01016--002 **1252.50

CR2E081 (11/10) 2016-2019

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1985

5. FEI Number

48-0100346

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

HERB BAUMBACH

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

315 N. HATHAWAY AVE

Suite, Apt. #, Etc.

City

BRONSON

State

FL

Zip Code

32621

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

Herb H. Baumbach

REGISTERED AGENT MUST SIGN

Date

1/30/2019

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	HERB BAUMBACH	315 N. HATHAWAY AVE	BRONSON, FL 32621
V	RUDY BAUMBACH	315 N. HATHAWAY AVE	BRONSON, FL 32621
T/S	VALERIE BAUMBACH	315 N. HATHAWAY AVE	BRONSON, FL 32621
D	KRIS BAUMBACH	315 N. HATHAWAY AVE	BRONSON, FL 32621
D	HILARY GOLDIZEN	315 N. HATHAWAY AVE	BRONSON, FL 32621
D	NIK BAUMBACH	315 N. HATHAWAY AVE	BRONSON, FL 32621

10. E-mail Address: herbbaumbach@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Herb H. Baumbach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2019 770-590-0969

Date

Daytime Phone #