

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 16 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J53727

1. Corporation Name

Ervolina Associates, Inc

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

1242 Costine Dr

Suite, Apt. #, etc.

3. Mailing Office Address

3618 Hanson Ave

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Columbia SC

Zip

33809

Country

USA

Zip

29204

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1987

5. FEI Number

592758225

☐ 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

Michael Ervolina

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

1242 Costine Dr

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12/15/2009

(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	Michael W Ervolina	1242 Costine Dr	Lakeland FL 33809
VP	Timothy M Ervolina	3618 Hanson Ave	Columbia SC 29204

REINSTATEMENT

RH

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

(To be used for future annual report notification)

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. 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.

SIGNATURE:

Michael W Ervolina

12/15/2009 863-559-6377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #