


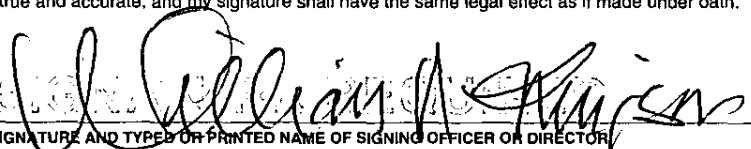


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J99831		FILED 01 DEC 31 PM 5:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Corporation Name ERICKSON VENTURES OF SOUTH NAPLES, INC.			
Principal Place of Business 822 SE 46TH LANE CAPE CORAL FL 33914 US 5612 Lancelot Lane 33914			
Mailing Address 822 SE 46TH LANE CAPE CORAL FL 33914 US 5612 Lancelot Lane 33914			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 5612 LANCELOT LANE Suite, Apt. #, etc. CAPE HARBOR City & State CAPE CORAL, FL. Zip 33914 Country USA		3. New Mailing Office Address, If Applicable 5612 LANCELOT LANE Suite, Apt. #, etc. CAPE HARBOR City & State CAPE CORAL, FL. Zip 33914 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 11/02/1987		5. FEI Number 65-0010644	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable \$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)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	ERICKSON, WILLIAM D.	814 SE 46TH LN #3- 5612 LANCELOT LANE	CAPE CORAL FL 33914
VD	ERICKSON, DONALD O. ESHBAUGH, KRISTA	814 SE 46TH LN #3- same as above	CAPE CORAL FL 33914
T	ERICKSON, DONALD O. CONLEY, KARI	814 SE 46TH LN #3 same as above	CAPE CORAL FL 33914
			400004781004--5 -01/17/02--01016--002 ****300.00 ****150.00
8. Name and Address of Current Registered Agent ERICKSON, WILLIAM D. 814 SE 46TH LN #3 CAPE CORAL FL 33914 5612 LANCELOT LANE 33914		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code 5612 LANCELOT LANE CAPE CORAL FL 33914	
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  Date 12-26-2001 REGISTERED AGENT MUST SIGN			
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:  Date 12-26-01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 941-541-0810			

DEC. 26th, 2001

ERICKSON MANAGEMENT COMPANY, INC
DOC. # K 09922

ERICKSON VENTURES OF SOUTH NAPLES, INC
DOC # J 99831

ENCLOSED ARE APPLICATIONS TO
REINSTATE BOTH CORPORATIONS.

I AM PLEADING TO REQUEST
THE STATE WAIVE THE PENALTY
FEES IN THAT MY ADDRESS
HAS CHANGED AND I HAVE
RECEIVED NO PRIOR NOTICE
TO THIS RENEWAL.

SINCERELY,

William D. Erickson
PRES.

941-541-0810