

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **PROVE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # K05161
1 Corporation Name **E.R.S. Sales, Inc.**

Principal Place of Business Mailing Address
**1935 NE 204TH Terr.
N. MIAMI Beach, FL 33179**

REINSTATEMENT 11-99

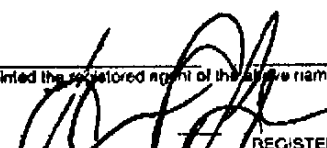
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/7/87	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0017259	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 5875 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 (Title)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	David Boenocas	1935 NW 204TH Terr. 204TH Terr.	N. MIAMI Beach, FL 33179
VP	SUSIE Boenocas	1935 NW 204TH Terr.	N. MIAMI Beach FL 33179

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Levine & Segal, P.A.	
		Street Address (P.O. Box Numbers Not Acceptable) 4200 N. UNIVERSITY DRIVE	
		Suite, Apt. #, Etc. Suite A-106	
		City, State, Zip Ft. Lauderdale FL 33351	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of Registered Agent:  Date: **6/21/99**

REGISTERED AGENT MUST SIGN

11. This corporation pays the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 taxes 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)(f), 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: **6/21/99** Daytime Phone #

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CRS 301 (12/98)

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)922-4004

From: Account Name : LEVINE & SEGAL, P.A.
Account Number : I19980000083
Phone : (954)749-6705
fax Number : (954)749-6759

CORPORATION REINSTATEMENT

E. R. S. SALES, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$1,870.00

Electronic Filing Menu

Corporate Filing

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