

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # K09922

1. Corporation Name

ERICKSON MANAGEMENT COMPANY, INC.

FILED

01 DEC 31 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5612 Lancelot Lane
822 SE 40TH LANE
CAPE CORAL FL 33904 33914
US

Mailing Address
5612 Lancelot Lane
822 SE 40TH LANE
CAPE CORAL FL 33904 33914
US



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 HARBOUR

City & State
CAPE CORAL, FL.

Zip 33914 Country U.S.A.

3. New Mailing Office Address, If Applicable

5612 Lancelot Lane

Suite, Apt. #, etc.
CAPE HARBOUR

City & State
CAPE CORAL, FL

Zip 33914 Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1988

5. FEI Number

65-0017873

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	ERICKSON, WILLIAM D.	814 S.E. 40TH LANE, #3 5612 Lancelot Lane	CAPE CORAL FL 33904 33914
V	ERICKSON, DONALD ERICKSON, REGINA FAY	814 S.E. 40TH LANE, #3 5612 Lancelot Lane	CAPE CORAL FL 33904 33914
			800004780998--5 -01/17/02--01016--002 ****300.00 ****150.00

8. Name and Address of Current Registered Agent

ERICKSON, WILLIAM D.
~~814 S.E. 40TH LANE~~ 5612 Lancelot Lane
CAPE HARBOUR
CAPE CORAL FL ~~33904~~ 33914

9. Name and Address of New Registered Agent

Name

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

5612 Lancelot Lane

Suite, Apt. #, Etc.

CAPE HARBOUR

City

CAPE CORAL

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12-26-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-26-01

Daytime Phone #

941-
541-
0810

CR2E040 (8/01)