

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 25 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K45655**

1. Corporation Name  
**ERM HOMES, INC.**

Principal Place of Business  
**684 OAK HOLLOW WAY  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**684 OAK HOLLOW WAY  
ALTAMONTE SPRINGS, FL 32714**

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

2. New Principal Office Address, if Applicable  
**2973 W SR 434**

Suite, Apt. #, etc.  
**Suite # 400**

City & State  
**LONGWOOD FL**

Zip  
**32719** Country  
**SEMINOLE**

3. New Mailing Office Address, if Applicable  
**2973 W SR 434**

Suite, Apt. #, etc.  
**Suite # 400**

City & State  
**LONGWOOD FL**

Zip  
**32719** Country  
**SEMINOLE**

4. Date Incorporated or Qualified  
To Do Business in Florida  
**11/15/1988**

5. FEI Number  
**59-2919052**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	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
<b>D</b>	<b>MELAMED, EJ</b>	<b>684 OAK HOLLOW WAY 692</b>	<b>ALTAMONTE SPRINGS, FL 32714</b>

**200002016582--3**  
**12/02/96--01007--009**  
**\*\*\*375.00 \*\*\*375.00**

**REINSTATEMENT**

**1996**  
**A. Alar**  
**11-25-96**

8. Name and Address of Current Registered Agent

**MELAMED, EJ**  
**692 OAK HOLLOW WAY**  
**ALTAMONTE SPRINGS, FL 32714**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State **FL** Zip Code

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 **E. J. Melamed** **REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-5-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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:

**E. J. Melamed**  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-5-96**

Date

**(407) 865 6300**

Daytime Phone #