PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 NOV 16 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L25905

1. Corporation Name

ERIC'S EXOTICS INC.

Principal Place of Business	Mailing Address
6782 BELVEDERE RD WEST PALM BEACH FL 33413 US	% ERIC FISHMAN 143 CLARENDON AVE PALM BEACH FL 33480 US

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

REINSTATEMENT CR

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 308-310
City & State	City & State Palm Beach FL
Zip / Country	Zip 33480 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/1989

5. FEI Number: 65-0160465 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	FISHMAN, ERIC S. MD	~~143 CLARENDON AVE~~ 205 Worth Ave. Suite 308-310	~~PALM BEACH FL~~ Palm Beach FL 33480
D	FISHMAN, ANN D. BISCHOFF	~~143 CLARENDON AVE~~ 205 Worth Ave Suite 308-310	~~PALM BEACH FL~~ Palm Beach, FL 33480

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-11/19/98--01088--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

FISHMAN, ERIC S. MD
143 CLARENDON AVE
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name: Eric S. Fishman, MD
Street Address (P.O. Box Number is Not Acceptable): 205 Worth Avenue
Suite, Apt. #, Etc.: Suite 308-310
City: Palm Beach State: FL Zip Code: 33480

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 REQUIRED Date: 11/12/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 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 indicat on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED 1/12/98 561-832-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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