

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 APR -5 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L25905

1. Corporation Name

ERIC'S EXOTICS INC.

REINSTATEMENT 98-02

2. Principal Office Address

205 Grand Pointe Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

205 Grand Pointe Dr.

Suite, Apt. #, etc.

City & State

PAUM Bch GARDENS, FL

City & State

PAUM Bch GARDENS, FL

Zip

33418

Country

U.S.

Zip

33418

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/89

5. FEI Number

650160465

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERIC S. Fishman, M.D.

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

205 Grand Pointe Dr

600005195486-9

Suite, Apt. #, Etc.

City

PAUM Bch GARDENS,

State

FL

Zip Code

33418

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/4/2

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	ERIC Fishman, M.D.	205 Grand Pointe Dr.	PAUM Bch GARDENS, FL 33418
sp/d	Ann Fishman	205 Grand Pointe Dr.	PAUM Bch GARDENS, FL 33418

10. 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

Daytime Phone #

4/4/2

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 514442 10463A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 1208.75

ORDER DATE : April 5, 2002

ORDER TIME : 11:14 AM

ORDER NO. : 514442-005

CUSTOMER NO: 10463A

CUSTOMER: Mr. Peter R. Ray
Cohen Norris Scherer
Suite 400
712 U.s. Highway 1
North Palm Bch, FL 33408-7146

RECEIVED
02 APR -5 PM 12:06
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

DOMESTIC FILINGS

NAME: ERIC'S EXOTICS INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea EXT 1114
EXAMINER'S INITIALS _____