

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # M14049

1. Corporation Name

ERIC'S INDUSTRIAL SUPPLIES, INC.

Principal Place of Business

5490 NW 161 ST.
MIAMI FL 33014

Mailing Address

5490 NW 161 ST.
MIAMI FL 33014

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1985

5. FEI Number

59-2536937

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

00

FILED
00 OCT 30 AM 8:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 |
|---------------|---|--|---|
| PV | LUBOV, ERIC | 70 SW 91 AVE #105 10855 NW 1st #207 | PLANTATION FL 33026 Pembroke Pines FL |
| ST | LUBOV, DEBRA | 7085 SW 20 CT | DAVIE FL |
| | | | |
| | | | 400003470864--0 -11/20/00--01124--010 ****750.00 ****750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

LUBOV, ERIC
~~70 SW 91 AVE #105~~
~~#202~~
~~PLANTATION FL 33026~~

9. Name and Address of New Registered Agent

Name
ERIC T. Lubov
Street Address (P.O. Box Number is Not Acceptable)
10855 NW 1st #207
Suite, Apt. # Etc.
#207
City
Pembroke Pines
State
FL
Zip Code
33026

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 X

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-16-00

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00 305-620-3588
Date Daytime Phone #

KE

CR2ED40 (8/00)