

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 OCT 30 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M19564**

1. Corporation Name
E.R. PUBLISHING, INC.

Principal Place of Business
**6666 STIRLING RD
SUITE 324
DADE CITY FL 33024
US**

Mailing Address
**1911 N.W. 114 AVE.
PEMBROKE PINES FL 33026**

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

2. New Principal Office Address, If Applicable
1911 NW 114 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES FL

City & State

Zip
33026

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1985

5. FEI Number

59-2586151

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)

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
PD	RIPPEN, EDWARD	1911 N.W. 114 AVE.	PEMBROKE PINES FL
PD PD	RIPPEN, EGGLINE	1911 N.W. 114 AVE.	PEMBROKE PINES FL
			400002338264-7
			-11/04/97--01090--026
			***750.00 ***750.00
			REINSTATEMENT 1997
			<i>[Signature]</i>
			10/30/97

8. Name and Address of Current Registered Agent

**RIPPEN, EDWARD
1911 N.W. 114 AVE.
PEMBROKE PINES FL 33026**

9. Name and Address of New Registered Agent

Name **RIPPEN, EGGLINE**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

October 29, 1997

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 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 #

CR2E040 (8/97)