

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 12 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M64524**

1. Corporation Name

X

ERROR NOT CORPORATION

2. Principal Office Address

460 Nafa Drive

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Office Address

460 Nafa Drive

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33487

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650029193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-05

7. Name and Address of Current Registered Agent

Name

William R. Giffin

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

460 Nafa Drive

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code
33487

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

William R. Giffin

REGISTERED AGENT MUST SIGN

June 23, 2005

Date *June 23, 2005*

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
PD	William R. Giffin	460 Nafa Drive	Boca Raton, FL 33487

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:

William R. Giffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 23, 2005

Date

Daytime Phone #

561-997-3848

7742

CR2081 (01/05)