

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500008755825
11/01/02--01041--001 **61.25

DOCUMENT # **N01000004354**

1. Corporation Name

ERIC'S WAY, INC.

Principal Place of Business

1121 NW 6 STREET
GAINESVILLE FL 32601

Mailing Address

1121 NW 6 STREET
GAINESVILLE FL 32601

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

2. New Principal Office Address, If Applicable

same

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2001

5. FEI Number

59-3726620

☒ 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	City / State / Zip 4
President CEO, D	Mark E. Ingram	1208 NW 4th Street	Gainesville, FL 32601
Director	Marilyn J. Sayler	4475 Chimney Spring Court	Marietta, GA 30062
Director	Lynn Edgar	85 SW 254th Street	Newberry, FL 32669

8. Name and Address of Current Registered Agent

BINGHAM, MARVIN W JR
14811 NW 140 STREET, P.O. Box 1930
ALACHUA FL 32616-1930

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10.30.02

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:

SIGNATURE REQUIRED
Mark E. Ingram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02

Date

352-376-2565

Daytime Phone #

Eric's Way, Inc.

1121 NW 6th Street ~ Gainesville, FL 32601 ~ 352-376-2565 fax 352-378-5451

October 29, 2002

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Document # N01000004354, Eric's Way, Inc.

To Whom It May Concern:

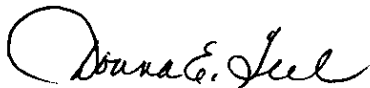
Enclosed is our completed form "Application for Reinstatement" for the above referenced corporation. As instructed by phone conversation with "Ms. Markina" on this date, I have enclosed our check for \$61.25.

Our office nor the office of our registered agent, Marvin W. Bingham, Jr., did not receive a previous notice regarding this form and fee being required.

If anything else is required for Eric's Way to remain in good standing, please advise by mail to:

Eric's Way, Inc.
1121 NW 6th Street
Gainesville, FL 32601

Sincerely,



Donna E. Teel
Office Manager