

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 23 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015404

1. Corporation Name

ERARMIK, INC.

REINSTATEMENT 02-03



700024198547
12/08/03--01013--032 **600.00

Principal Place of Business

C/O CHARLES J. FARRO
960 CAPE MARCO DR., #805
MARCO ISLAND FL 34145

Mailing Address

C/O ANDREW B. ZELNKOFSKE
117 PARTRIDGE LN.
HUNTING VALLEY OH 44022

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

2. New Principal Office Address, If Applicable

90 PAUL ZELNKOFSKE
6514 NW 39th TERR

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
BOCA RATON

City & State

Zip
FLORIDA

Country
33496

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/2000

5. FEI Number

34-1910721

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
D	ZELNKOFSKE, ANDREW B	117 PARTRIDGE LN.	HUNTING VALLEY OH 44022
			700024198547 10/28/03--01038--007 **150.00
			700024198547 12/28/03--01033--007 **150.00

8. Name and Address of Current Registered Agent

FARRO, CHARLES J
960 CAPE MARCO DR., #805
MARCO ISLAND FL 34145

9. Name and Address of New Registered Agent

Name
PAUL ZELNKOFSKE
Street Address (P.O. Box Number is Not Acceptable)
6514 NW 39th TERR
Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33496

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

Paul Zelnkofske

RE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/2/03

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:

Paul Zelnkofske
RE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/03

Date

440-995-5600 x105

Daytime Phone #

CR2E040 (8/02)