

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 2: 53

DOCUMENT # P00000017269

1. Corporation Name

ERG CONTRACTING, INC.

Principal Place of Business

Mailing Address

118 NE STREET
DELRAY BEACH FL 33444

118 NE STREET
DELRAY BEACH FL 33444

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/2000 SP

5. FEI Number

65-0982509

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	4 City / State / Zip
D	GALLAGHER, ED	118 NE STREET	DELRAY BEACH FL 33444
P	GOLDMAN, SETH	1514 HIGHLAND LA	DELRAY BEACH, FL 33444

700004670547--4

11/07/01 01033-820

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEYDER, KENNETH
10081 PINES BLVD., STE. E
% KENNETH HEYDER, P.A.
PEMBROKE PINES FL 33024

OUT OF
BUSINESS

Name
EDWARD R GALLAGHER

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

118 NE 16 STREET

Suite, Apt. #, Etc.

City
DELRAY BEACH

State
FL

Zip Code
33444

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

EDWARD R GALLAGHER

REGISTERED AGENT MUST SIGN

Date

10/19/01

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:

EDWARD R GALLAGHER

Date

Daytime Phone #

10/19/01 247-0069