

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 18 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054613

1. Corporation Name

ERAVIM HOSPITALITY PERSONNEL, INC.

406 NW 17TH STREET

2. Principal Office Address

406 NW 17TH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

Zip

33030

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 06/06/2000

5. FEI Number

651014611

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

HAYES, KORA

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

406 NW 17TH STREET

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33030

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

Kora Hayes - Kora Hayes
REGISTERED AGENT MUST SIGN

Date

10/10/04

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
P/D	HAYES, KORA	406 NW 17TH STREET	HOMESTEAD, FL. 33030
V/D	SERGIO LACAYO	406 NW 17TH STREET	HOMESTEAD, FL. 33030.

200041939242
10/18/04--01068--017 **150.00

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:

Kora Hayes - Kora Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/04

Office Phone #

786-2349127

CR2E081 (01/04)

20f2

Miami Florida

June 7th 2004

Florida Department of State
Division of Corporation.
P. O. Box 6327
Tallahassee, Fl. 32314

Re: 2004 Uniform Business Report
Corporate #

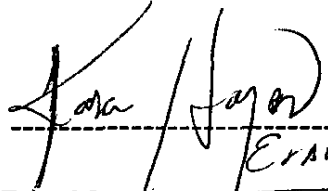
Dear Sir;

Enclosed please find 2004 UNIFORM BUSINESS REPORT for the annual
Corporate Report. Enclosed is my ck. # for the amount of \$150.00, to paid the above
Annual fee and for year 2004..

Please accept this payment, because we do not received any documentation for
the annual report in this year from the State of Florida Division of Corporation.
(My accountant download this year the annual report, because I do not have computer.)

If you need any more information please do not hesitate to contact me.

Sincerely yours,


Kara/Hara
Eravim Hospitality Personnel, Inc
President.