

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000053399

1. Entity Name
ERS PROPERTIES, INC.



FILED

06 JAN -9 AM 10:34

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
215 N.E. 59TH ST.
MIAMI, FL 33137

Mailing Address
215 N.E. 59TH ST.
MIAMI, FL 33137

2. Principal Place of Business
2822 PINE TREE DR.
Suite, Apt. #, etc.
#6

3. Mailing Address
2822 PINE TREE DR.
Suite, Apt. #, etc.
#6

City & State
MIAMI BEACH, FL
Zip
33140

City & State
MIAMI BEACH, FL
Zip
33140



REINSTATEMENT
01042008 REIN-P CR2E098 (11/05-06)

4. FEI Number
03-0392148
Applied For...
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHICKMAN, S. OSHER
215 N.E. 59TH ST.
MIAMI, FL 33137

7. Name and Address of New Registered Agent
Name
S OSHER SCHICKMAN / PRESIDENT
Street Address (P.O. Box Number is Not Acceptable)
2822 PINE TREE DRIVE #6
City
MIAMI BEACH FL Zip Code
33140

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *S. Osher Schickman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/04/06
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHICKMAN, S. OSHER 215 N.E. 59TH ST. MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT SCHICKMAN, S. OSHER 2822 PINE TREE DRIVE #6 MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100063569831 01/12/06--01055--022 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100063569831 01/12/06--01055--023 **8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. OSHER SCHICKMAN

Date 1/5/06

Daytime Phone

1/5/06 305 532 5979

305 532 5979