

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 9:57

DOCUMENT # **P01000059976**

1. Corporation Name

ERC CONSULTANTS INC.

Principal Place of Business

2851 S. OCEAN BOULEVARD
APARTMENT 5A
BOCA RATON FL 33432

Mailing Address

2851 S. OCEAN BOULEVARD
APARTMENT 5A
BOCA RATON FL 33432

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2001

5. FEI Number

65-0885679

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
PD	CARDACI, EMANUELE R	2851 S. OCEAN BOULEVARD, APT. 5A	BOCA RATON FL 33432

8. Name and Address of Current Registered Agent

CARDACI, EMANUELE R
2851 S. OCEAN BOULEVARD
APARTMENT 5A
BOCA RATON FL 33432

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

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 of Registered Agent
REGISTERED AGENT MUST SIGN

Date 10/9/2003

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 of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/2003 (561) 654-8923
Date Daytime Phone #

CR2EC40 (7/03)

erc BENEFIT SERVICES GROUP

Life & Health Insurance Planners • Annuities • Wealth Management

MassMutual®
600 Corporate Drive
Suite 200
Ft. Lauderdale, FL 33334

Mailing Address:
2851 S. Ocean Blvd.
Suite 5A
Boca Raton, FL 33432
Tel. (561) 654-8923
Fax (561) 750-3598
ec@ensurenet.us
ercins@bellsouth.net

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

October 9, 2003

Emanuele R. Cardaci

To Whom It May Concern:

I have received, earlier this week, a notice of dissolution for ERC CONSULTANTS, INC., because of failure to file our 2003 UBR. As president of ERC, I can say that we have never been delinquent in filing in over 5 years of operation, and that I nor any of my staff have received prior UBR notices. I apologize for not being proactive and consulting with my accountant or contacting the State directly and inquiring.

Enclosed is a check for filing fees in the amount of \$150.00. Thank you for your cooperation and understanding in this matter.

Should you have any questions for me directly, please feel free to call (561) 654-8923.

Best regards,



Emanuele Cardaci