

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

03 OCT 20 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000075811**

1. Corporation Name

ERP MOLDING INC.

Principal Place of Business

3100 NW BOCA RATON BLVD #110
BOCA RATON FL 33431

Mailing Address

3100 NW BOCA RATON BLVD #110
BOCA RATON FL 33431

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

08/01/2001

5. FEI Number

65-1126768

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

03

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	BELLO, DAVID	3100 NW BOCA RATON BLVD #110	BOCA RATON FL 33431

000023955640
10/20/03--01050--014 **150.00

8. Name and Address of Current Registered Agent

BELLO, DAVID
3100 NW BOCA RATON BLVD #110
BOCA RATON FL 33431

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

David P. Bello

REGISTERED AGENT MUST SIGN

Date

10/15/2003

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:

David P. Bello DAVID P. BELLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/2003

Daytime Phone #

561-395-1895

CR2E040 (7/03)


October 15, 2003

To: Division of Corporations
From: ERP Molding, Inc.
Document#: P0100075811
Re: Corporate Reinstatement

To whom it may concern,

I am the President, Vice President, or Director of 6 Florida corporations. Some of these corporations have been in Florida for more than 20 years. This is the first time that we have NOT received UBR notices for all 6 corporations. I would like to have all of these corporations reinstated. I have included this letter and a check for \$150.00 to file the report without penalties. This letter has been sent with each Reinstatement Envelope.
All mailing addresses remain the same.

Sincerely,



David P. Bello
Director