

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093019

1. Corporation Name

ERJ PROPERTIES, INC.

2. Principal Office Address

2875 NE 191 STREET

Suite, Apt. #, etc.

801

City & State

AVENTURA, FLORIDA

Zip

33180

Country

USA

3. Mailing Office Address

2875 NE 191 STREET

Suite, Apt. #, etc.

801

City & State

AVENTURA, FLORIDA

Zip

33180

Country

USA

REINSTATEMENT

02-04

400028747704

02/13/04--01044--026 **1050.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/24/01

5. FEI Number

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

Daniel J. Serber

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

2875 N.E. 191 Street

Suite, Apt. #, Etc.

801

City

Aventura

State

FL

Zip Code

33180

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

Date

1/17/04

REGISTERED AGENT MUST SIGN

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
PD	ELIAS MERCADO	2875 NE 191 STREET #801 AVENTURA, FL 33180	AVENTURA, FL 33180
VPD	ROXANNE ROSBERG	2875 NE 191 STREET #801 AVENTURA, FL 33180	AVENTURA, FL 33180

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIAS MERCADO 1/17/04

Date

Daytime Phone #

(305) 466-7816

CR2E081 (10/02)