

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB 28 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000016947

1. Corporation Name

ERICK'S CONVENIENCE AND TAKE OUT

2. Principal Office Address

1710 NW 151 ST

Suite, Apt. #, etc.

3. Mailing Office Address

9621 ENCINO ST

Suite, Apt. #, etc.

City & State

OPA-LOCKA, FLORIDA

Zip

33054

Country

USA

City & State

MIRAMAR FLORIDA

Zip

33025

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

02 14 02

5. FEI Number

03-0389331

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

ERIC WOODARD

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

9621 ENCINO ST

Suite, Apt. #, Etc.

City

MIRAMAR, FLORIDA

State

FL

Zip Code

33025

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

02 02 05

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
	<u>ERIC WOODARD CEO</u>	<u>9621 ENCINO ST</u>	<u>MIRAMAR FL 33025</u>

200047930792
03/08/05 01026 013 ***450.00

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:

[Signature] ERIC WOODARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954 665 1194

Daytime Phone #

CR2E081 (01/05)