

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 31 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000025025

1. Corporation Name

E.R.A.P. CONSTRUCTION

REINSTATEMENT 03-04

2. Principal Office Address

9015 WESTCHESTER CIR #B

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33604

Country

USA

3. Mailing Office Address

10809 N 56TH STREET

Suite, Apt. #, etc.

City & State

TEMPLE TERRACE, FL

Zip

33617

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/01/02

5. FEI Number

04-3616372

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

EDWIN RAMON A PAS AR

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

9015 WESTCHESTER CIR #B

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33604

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 11-03-03

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
P	EDWIN RAMON A PAS AR	9015 WESTCHESTER CIR #B	TAMPA, FL 33604

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

11-03-03

Date

Daytime Phone #

CR2E081 (01/04)

E.R.A.P. Construction, Inc.

10809 N. 56th Street, Temple Terrace, Florida 33617
(813)877-6371 FAX(813)868-0774

State of Florida
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

2 Feb 04

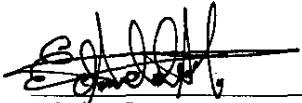
RE: ERAP Construction, Inc. Doc# P02000025025

To Whom It Concern:

This letter is to inform you that my I have not received a UBR for the past two years. The mailing address for the corporation is the above address and has been for the past 2 years.

We are requesting that any filing fees be waived and per my conversation with a state agent enclosed please find a check for \$300.00 and a reinstatement application.

Sincerely,


Edwin Ramon A Pas AR