

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 26 PM 6:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000030496

1. Corporation Name

ERHARD INDUSTRIES, INC.

2. Principal Office Address

4900 SOUTH DIXIE HWY

3. Mailing Office Address

4900 SOUTH DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33405

Country

PALM BEACH

Zip

33405

Country

PALM BEACH

REINSTATEMENT

700031281087
03/26/04--01079--011 **900.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/20/2002

5. FEI Number
04-3641550

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

BRUCE ERHARD

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

4900 SOUTH DIXIE HWY

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code
33405

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**

Bruce Erhard

REGISTERED AGENT MUST SIGN

Date 3/30/04

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	BRUCE ERHARD	4900 SOUTH DIXIE HWY	WEST PALM BEACH, FL 33405

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:

Bruce Erhard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

561-588-7288

Daytime Phone #