

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000088336

1. Corporation Name

**ERMA ENTERPRISES INC**

2. Principal Office Address - No P.O. Box #

5807 JEFFERSON PARK DR

3. Mailing Office Address

5807 JEFFERSON PARK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33625

Country

HILLSBOROUGH

Zip

33625

Country

HILLSBOROUGH

7. Name and Address of Current Registered Agent

Name

ELKIN MAYA

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

5807 JEFFERSON PARK DR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33625

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 08/03/2007

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	ELKIN MAYA	5807 JEFFERSON PARK DR	TAMPA, FLORIDA, 33625
VP	REBECA ORTEGA	5807 JEFFERSON PARK DR	TAMPA, FLORIDA, 33625

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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 contained in Chapter 119, 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

ELKIN MAYA

08/03/2007

Date

813-679-2559

Daytime Phone #

07 AUG -8 PM 2:15

STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (1/07)

08/12/2002

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

52-2376022

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.