

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hcod**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000097918**

1. Corporation Name

**ERF SERVICES CORPORATION**

Principal Place of Business

20 NW 161 AVENUE  
PEMBROKE PINES FL 33028

Mailing Address

20 NW 161 AVENUE  
PEMBROKE PINES FL 33028

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/2002

5. FEI Number

43-1993374

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



**REINSTATEMENT**

03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
O	FERGUSON, FRANKLIN H	20 NW 161 AVENUE	PEMBROKE PINES FL 33028
V	FERGUSON, ELIZABETH R	0 NW 161 AVENUE	PEMBROKE PINES FL 33028

8. Name and Address of Current Registered Agent

FERGUSON, FRANKLIN  
20 NW 161 AVENUE  
PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/10/2003

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2003 (954) 326-6639  
Date Daytime Phone #

CR2040 (7/03)

ERF Services Corp.  
20 NW 161 Avenue  
Pembroke Pines, FL 33028

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

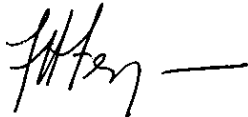
Dear Sir/Madam,

I am responding to your letter of dissolution dated 9/17/03. I had received correspondence dated 9/15/2003, stating that my filing was not complete, and I should respond within 30 days. I estimated 30 days to be around October 14<sup>th</sup>. However I have sent you the requested information. The request was for FEI number. I am sending the information again on my reinstatement form.

I am looking forward to a quick resolution of this issue.

Thank you.

Yours truly,

A handwritten signature in black ink, appearing to read 'F. Ferguson', followed by a horizontal line.

Franklin Ferguson