

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV 12 AM 11:06

DOCUMENT # P06000002965

1. Corporation Name

Erie Communications Inc.

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

4703 Cypress Tree Dr

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip  
33624

Country  
US

3. Mailing Office Address

4703 Cypress Tree Dr

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip  
33624

Country  
US

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

JAN 6<sup>th</sup> 2006

5. FEI Number

760911183

☒ 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  
Daniel Lloyd Jones

Street Address (P.O. Box Number is Not Acceptable)  
4703 Cypress Tree Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date 11/10/08

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	Daniel Jones	4703 Cypress Tree Dr	Tampa FL 33624
T	Daniel Jones	4703 Cypress Tree Dr	Tampa FL 33624
S	Daniel Jones	4703 Cypress Tree Dr	Tampa FL 33624
10/11/08			
REINSTATEMENT 07-08			
900137846099			
11/12/08--01023--016 **308.75			

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

11/10/08

Date

813-781-6411

Daytime Phone #