

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN 26 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1062

DOCUMENT # **P35271**

1. Corporation Name

Employers Resource Management Company

2. Principal Office Address

1301 S. Vista Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Boise, ID

Zip

83705

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT

97-01

4. Date Incorporated or Qualified
To Do Business in Florida

October 25, 1985

5. FEI Number

54-1340867

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

Corp. Direct Agents

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

103 N. Meridian St. Lo

Suite, Apt. #, Etc.

Lower Level

City

Tallahassee

State
FL

Zip Code
32301

100004461041-7

-07/06/01--01021--002

***1358.75 ***1358.75

18

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

Cynthia A. Hicks
REGISTERED AGENT MUST SIGN

Cynthia A. Hicks
Its agent

Date 6-26-01

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
	See Attached Page		

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:

Douglas W. Gersema
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Gersema

6/25/01

208-363-7355

Date

Daytime Phone #

CR2E081 (9/00)

202

Officers & Directors
Employers Resource Management Company
As of October 16, 2000

Name	Title	Address
George Gersema	Chairman of the Board	1301 South Vista Avenue Suite 200 Boise, ID 83705
Douglas Gersema	Chief Executive Officer & Secretary/ Treasurer	1301 South Vista Avenue Suite 200 Boise, ID 83705
Ray O'Leary	President	3535 South Woodland Circle Quinton, VA 23141
Mary Gersema	Board Member	1301 South Vista Avenue Suite 200 Boise, ID 83705
J. Steven Holmes	Board Member	300 West Clarendon Street Suite 200 Phoenix, AZ 85013