

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000012712**

1. Corporation Name

Erotica, Inc.

2. Principal Office Address

8575 S. Hwy. 17-92

Suite, Apt. #, etc.

Suite 117

City & State

Maitland, Florida

Zip

32751

Country

USA

3. Mailing Office Address

1223 E. Concord St.

Suite, Apt. #, etc.

c/o Roger B. Butcher, Esq.

City & State

Orlando, Florida

Zip

32803

Country

USA

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SEC. OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **99-05**

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1993

5. FEI Number

593183012

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

Robert D. Morgan, c/o Roger B. Butcher, Esq.

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

1223 E. Concord Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

Robert D. Morgan
REGISTERED AGENT MUST SIGN

Date **11/22/2005**

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/H/S/V/D/CM	Robert D. Morgan	c/o Roger B. Butcher, Esq. 1223 E. Concord St.,	Orlando, FL 32803
"			

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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 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:

Robert D. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/2005 (321)282-8612
Date Daytime Phone #