

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR 96-97
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG 11 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000034639**

1. Corporation Name

ERI ENTERPRISES, INC

Principal Place of Business

Mailing Address

**C/O Craig R. Dearr, P.A.
6958 North Kendall Drive
MIAMI, Florida 33156**

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

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5/10/93 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 65-0417069 | |
| Country | | Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

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

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|----------------------------|--------------------------------------|--|-----------------------|
| Director | Phillip L. Calloway | 9380 SW 72nd St SB140 | MIAMI, FL 33173 |
| D | SANYKIA Calloway | 9380 SW 72nd St SB140 | MIAMI, FL 33173 |
| D | Lynwood Slayton | 9380 SW 72nd St SB140 | MIAMI, FL 33173 |
| REINSTATEMENT 96-97 | | | |
| 9. Alan | | | |

8. Name and Address of Current Registered Agent

CRAIG R. DEARR

9. Name and Address of New Registered Agent

Name **CRAIG R. DEARR**
Street Address (P.O. Box Number is Not Acceptable)
6950 N. Kendall Drive
Suite, Apt. #, Etc.
City **Miami** State **FL** Zip Code **33156**

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **8/6/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

400002266824-4
-08/14/97-01047-009
See other side for information on intangible tax

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

7/30/97 (305) 378-4436
Date Daytime Phone #