2008 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam		# P9300052 , inc.	676					PH 2: 20 Y UF STATE	
NEW YORK, N	EPETTI F THE AMERIX NY 10036	AS - 17 TH F2, US ss - No P.O. Box #	Mailing Address C/O GRAE REPETTI 1114 AVE OF THE AMERIBAS -/774/CL NEW YORK, NY 10036 US 3. Mailing Address			TALLAHASSEE, FLORIDA			
C/o GA Suite, Apt.	PAF RE	PETTI & CO. LIF	Suite, Apt. #, etc.			1 3 	I IBINƏ IRRI NAHII ƏNƏII ƏN		BRIUDI 11 IXUI
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City & State	21.	NY	City & State	K N'	7	4. FEI Number 58-206		 	Applied For Not Applicable
Zip 00	- (Country	Zip 10036	Coun	try	5. Certificate	of Status Desired	\$8.75 A	dditional
		nd Address of Current F	Registered Agent		Name	7. Name and	Address of New I	Registered Agent	
		RVICES, INC. ARDEN ROAD			Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO), FL 32802								
				City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Not 17, 2008 Signature, typed or printip filtre of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
FILE !IOW!!! FEE !S \$150.00 After January 1, 2009, Fee will be \$300.00						-		with s. 607.193(2)(b not receive the prior	
10.	1	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if									
changed, or on an attachment with an address, with all other like empowered. SIGNATURE: LAVIA HOFFIANN Nov 17, 08 212 226 4451									
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									



November 10, 2008

Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

RE: ERH Associates, Inc. DOC # P93000052676

The above Corporation has just been notified that they have been administratively dissolved by your State as of November 30, 2007. At this time we are submitting your required form for a Profit Corporation reinstatement with a payment in the amount of \$150.00. Please be advised that the above Corporation was not notified earlier regarding the above dissolution. In July 2007 the Corporation timely filed their annual report and did not find out that it was not accepted until May 2008 when they resubmitted the annual report with a replacement check payment. We are the accounting firm representing ERH Associates, Inc. and all mail and correspondence comes directly to us. There is an error in the mailing address of the information you have regarding the above entity and perhaps that is the reason for us not getting any earlier correspondences from you.

We apologize for any inconvenience and respectfully request you reinstate the above Corporation.

Thanking you in advance for your anticipated cooperation and assistance in this matter.

Respectfully your,

Frank R. Vieira, Managing Director

Graf Repetti & Co., LLP

Frank P. Viein