

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC -1 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077813

1. Corporation Name

GIL ERIKSEN COMMUNICATIONS, INC.

Principal Place of Business

399 SE 18TH CT
FT LAUDERDALE FL 33316

Mailing Address

399 SE 18TH CT
FT LAUDERDALE FL 33316



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1993

5. FEI Number

65-0462890

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ERIKSEN, GILBERT L	399 S E 18TH CT	FT LAUDERDALE FL

0000002362130--3

-12/03/97-01069-006

***165.00 ***165.00

8. Name and Address of Current Registered Agent

ROSE, PETE A
2101 N ANDREWS AVE
200
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/18/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(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

Date

11/18/97

954-
463 0623

Daytime Phone #

LAW OFFICES
ROSE & ROSE, P.A.
ATTORNEYS AT LAW

PETER A. ROSE
ALSO MEMBER TEXAS BAR
ANDREW C. ROSE
ALSO MEMBER TEXAS BAR

SUITE 200
THE DART BUILDING
2101 NORTH ANDREWS AVENUE
PORT LAUDERDALE, FLORIDA 33311
TELEPHONE (954) 561-5000
FAX (954) 566-1173

November 17, 1997

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

RE: Gil Eriksen Communications, Inc.
File No.: PAR-6971

Dear Division of Corporations:

Please be advised that this office is corporate counsel on behalf of Gil Eriksen Communications, Inc. and also Gil Eriksen & Associates, P.A.

We have received a Notice of Administrative Dissolution or Revocation application on behalf of Gil Eriksen Communications, Inc. and I am forwarding this office's check in the amount of \$165.00 for reinstatement. Our records indicate that this return on behalf of Gil Eriksen Communications, Inc. was forwarded at the same time that Gil Eriksen & Associates, P.A. was submitted, however, it is obvious that same was never received by your department.

Therefore, I am requesting that you waive the late fee and file the appropriate return. Should you have any questions, please do not hesitate to contact my office.

Sincerely,



Peter A. Rose, Esq.
For the Firm

PAR/sme