PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUL -2 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~H94000001018~~ P94000008392

1. Corporation Name
E.R.S. INTERNATIONAL CORPORATION

W98000013451

Principal Place of Business	Mailing Address
175 N.W. First Avenue **11th Floor** **Miami, Florida 33128-1835**	

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
c/o Strawn, Monaghan & Cohen, P.A.	same as Principal
Suite, Apt. #, Etc. 54 NE 4th Avenue	Suite, Apt. #, etc.
City & State Delray Beach,	City & State
Zip 33483 Country U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: **February 2, 1994**

5. ~~FEI~~ Number: ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.25 Additional Fee is 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
D/ Pres./ Sec'y	**Zwi Sudit**	c/o Strawn, Monaghan & Cohen 54 NE 4th Avenue	Delray Beach, Florida 33483
D/ V.P./ Treas.	**Raquel Sudit**	Same as above	same as above

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REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
John H. Friedhoff, Esquire **Fowler, White, Burnett, Hurley, Banick & Strickroot** c/o **175 N.W. First Avenue** **Miami, Florida 33128-1835**	Name: Isiais Sudit Street Address (P.O. Box Number is Not Acceptable): Strawn, Monaghan & Cohen, P.A. Suite, Apt. #, Etc.: 54 NE 4th Avenue City: Delray Beach, Florida State: FL Zip Code: 33483

CR2E003 (1/98)

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: Isiais Sudit — Date: 4/28/98
REGISTERED AGENT MUST SIGN

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: ZWI SUDIT — 4/28/98 — 561-278-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #