PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM	
APPLICATION FOR REINSTATEMENT	FLORID	A DEPARTMENT Sandra B. More Secretary of SEC	NT OF STATE: tham State		APPROVED	ec .
DOCUMENT # P94000036036				1978 Jian <b>22</b> - 121 Hz 59		
1. Corporation Name ER GROUP, INC.				SECRETARY OF STATE TALLAMASSELELLERIOA		
Principal Place of Business 1800 N.W. 95TH AVE MIAMI, FL 33172  Mailing Address 1800 N.W. 95TH AVENUE MIAMI, FL 33172  MIAMI, FL 33172						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
		ing Office Address, If Applicable  .W. 95TH AVENUE etc.		Date Incorporated or Qualified     To Do Business in Florida 5/11/94		
City & State MIAMI, FL	City & State MIAMI, FL			5. FEI Number 65-049	FEI Number Applied For 65-0493530 Not Applical	
Zip Country Zip		Country		6. \$8.75 Additional Fee requi		75 Additional Fee required for a Certificate of Status
33172 USA 7. Names and Street Addresses of Each Officer and/o	33172 or Director (Flo	· · — · · · · · · · · · · · · · · · · ·		st 3 directors)		
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nur		City / State / Zip			
PRESIDENT BERNARDO SHTEREMBER	8685 MIRAL	685 MIRALANI DRIVE		SAN DIEGO, CA 92126		
SEC/TRES ISAAC BERLIN	8685 MIRALANI DRIVE			SAN DIEGO, CA 92126		
			Pensi	ATEN	0002537 -05/27/980 ****900.00	6363 01104014 ****900.00
					Scc 5.	22.98
8. Name and Address of Current R	egislered Age	nt	Name	9. Name and A	ddress of New Registered	Agent
NICHOLAS M. DANIELS 1111 LINCOLN RD, SUITE 500 MIAMI BEACH, FL 33139		BERNARDO SHTEREMBERG Street Address (P.O. Box Number is Not Acceptable) 1800 N.W. 95TH AVENUE				
	Suite, Apt. #, Etc.  City MIAMI,			State	1 '	
10. I, being appointed the registered agent of the abov	e named corpo	ration, am familiar wi		igations of Section	on 607.0505, F.S.	33172
Signature of Registered Agent HE GISTERED AGENT MUST SIGN					Date 3/30/98	
11. This corporation owes or ha Intangible Personal Property			Yes 🔯	No 🗖		e for information gible tax.)
12.1 certify that I am an officer or director or the receive this reinstatement application, the reason for dissolt owed by the corporation have been paid and the nation this application is true and accurate, and my sign	ition has been imes of individi	eliminated, the corpo- uals listed on this form	rate name satisties tr n do not qualify for ai	ne requirements on n exemption und	of section 607.0401 or 617.04	l01, F.S., that all fees
SIGNATURE: SIGNATURE AND TO BE OF PRINT	TED NAME OF S	BERNA IGNING OFFICER OR D	ARDO SHTE IRECTOR	REMBER	eg 5/12/98 (6)	19) 5 78 - 3200 ytimo Phone #