

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 10 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000 50506

1. Corporation Name

ERSAL CORPORATION

2. Principal Office Address - No P.O. Box #

12243 BRISBANE LN
Suite, Apt. #, etc.

3. Mailing Office Address

12243 BRISBANE LN
Suite, Apt. #, etc.

City & State

WELLINGTON

City & State

WELLINGTON

Zip

FL 33414

Country

USA

Zip

FL 33414

Country

USA

REINSTATEMENT
CR2E081 (1/07) 04-07T

4. Date Incorporated or Qualified
To Do Business in Florida

7/07/1994

5. FEI Number

65-0503475

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERROL CLARKE

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

12243 BRISBANE LN

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/07/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ERROL CLARKE	12243 BRISBANE LN	WELLINGTON FL 33414
V.P.	NIVIERNE CLARKE	12243 BRISBANE LN	WELLINGTON FL 33414

000112998720
12/10/07--01052--014 **600.00

10. 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 contained in Chapter 119, 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]

ERROL CLARKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07/07

Date

561383 6270

Daytime Phone #

B. Mitchell DEC 10 2007