


Up to 08/03/2004 without deduction

0.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

End of document.

End of report.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

FILED

04 AUG 20 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073074 (2003)

## 1. Corporation Name

ERIKA ENTERPRISES, INC.

9922 NW 56 PLACE

9922 NW 56 PLACE

## 2. Principal Office Address

9922 NW 56 PLACE

Suite, Apt. #, etc.

## 3. Mailing Office Address

9922 NW 56 PLACE

Suite, Apt. #, etc.

City &amp; State

CORAL SPRINGS

City &amp; State

CORAL SPRINGS

Zip

33076

Country

Zip

33076

Country

4. Date Incorporated or Qualified  
To Do Business in Florida5. FEI Number  
65-0526047

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

EMMANUEL, DAVID

Street Address (P.O. Box Number is Not Acceptable)  
922 NW 56 PL

Suite, Apt. #, Etc.

City

CORAL SPRINGS

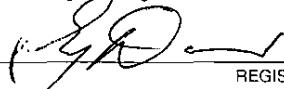
State

FL

Zip Code

33076

## 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


REGISTERED AGENT MUST SIGN

Date

8/18/04

## 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
D	EMMANUEL DAVID	922 NW 56 PL	CORAL SPRINGS, FL 33076

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 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

Daytime Phone #

8/18/04 (954) 346-3657

CR2E081 (01/04)

End of report.

## KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd, Suite 416  
Boca Raton, FL 33432  
TEL: (561) 362-0491

P.O. Box 728  
Boca Raton, FL 33429  
FAX: (561) 394-5134

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National Society of Tax Professional

August 18, 2004

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Department Of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**REF: ERIKA ENTERPRISES, INC.**  
**DOCUMENT #P94000073074**

Dears Sirs, **Reinstatement Section**

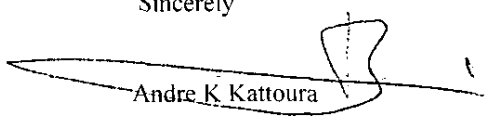
The above referenced corporation has never received any notices before at all. We are enclosing the Corporation form along with the check in the amount of \$ 300.00 fee . Please accept this annual reports as **reinstatement filing 2003 AND 2004.**

Although we would like to verify the address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Sincerely



Andre K Kattoura

Enclosure

Check 2234 \$ 300,00 Fee  
Annual Report Form 2000/ 2001/2002.