


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000086105			
1. Corporation Name Erika of Northwest Florida, Inc.			
2. Principal Office Address 2611 Sandicrest Dr. Suite, Apt. #, etc.		3. Mailing Office Address 2611 Sandicrest Dr. Suite, Apt. #, etc.	
City & State Cantonment FL		City & State Cantonment FL	
Zip 32533	Country U.S.	Zip 32533	Country

FILED
03-AUG-13 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-03

4. Date Incorporated or Qualified To Do Business in Florida 1/29/94	Applied For
5. FEL Number 593282039	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Fernando Chavez	600022288436 08/13/03--01048--005 **1503.75
Street Address (P.O. Box Number is Not Acceptable) 2611 Sandicrest Drive	50001771325 07/25/03--01005--009 **1503.75
Suite, Apt. #, Etc.	
City Cantonment	State FL Zip Code 32533

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 <i>Fernando Chavez</i>	Date 7-18-03
REGISTERED AGENT MUST SIGN	

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	Fernando Chavez	2611 Sandicrest Drive	Cantonment FL 32533
D	Maria Chavez	2611 Sandicrest Dr.	Cantonment FL 32533

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: <i>Fernando Chavez</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Fernando Chavez
Date 7/18/03	Daytime Phone # 8504785835

7/25