	PLICAT FOR ISTATE	TION	FLORID	PACTIONS BEFORE COME COME COME COME COME COME COME COM		COMPLETING THIS FORM. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
DOCUMENT # P9400088819 1. Corporation Name ERSKINE ENTERPRISES, INC.						97 OCT 29 PM 12: 01		
Principal Place of Business Mailing Addi 525 N. MISSION RD. 525 N. MISSION RD. ORLANDO F. 32808 ORLANDO F.				1 1485				
Suite, Apt. #, etc. Suite				. Now Mailing Office Address, If Applicable 1. 14. uite, Apt. #, etc. 5.		4. Date Incom	e Incorporated or Qualifiet 12/06/1994 12/06/1994 12/06/1994 Applied For	
City & State Zip Country			City & State Zip Country		у	6. CERTIFICAT		Not Applicable 3.75 Additional Fee required for a Certificate of Status
7. Names Title(s) 1	and Street Addresses of Each Officer and/or Director (Fluid Name of Officers and/or Directors			rida nonprofit corporations must list at least 3 directors Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip	
						20	00002338 -11/04/970 ****758.75	0627 1087007 ****758.75
8. Name and Address of Current Registered Agent HIGGINS, JAMES -525 N. MISSION RD. ORLANDO FL 82808					9. Name and Address of New Registered Agent Name HIGGINS, JAMES J. Street Address (P.O. Box Number is Not Acceptable). Sulte, Apt. #, Etc. City State ZipCode			
0. I, being Signature of	of	e registered agent of the ab		ration, am familiar wi	th and accept the ob	O & O	FL	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/51/97 407-373-5329

Daytime Phone #