

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
 SANDRA HATHORN
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 23 AM 9:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000090912

1. Corporation Name

GERARD A. ERRICO, INC.

Principal Place of Business

Mailing Address

6119 MEMORIAL HIGHWAY
 UNIT 2
 TAMPA FL 33615

1707 OAK BRANCH COURT
 BRANDON FL 33511

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/06/1996

Suite, Apt. #, etc.

SAME AS ABOVE

Suite, Apt. #, etc.

6119 MEMORIAL HIGHWAY UNIT 2

5. FEI Number

59-3412130

Applied For

Not Applicable

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33615 FL

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| P | ERRICO, GERARD | 6119 MEMORIAL HIGHWAY, #2 | TAMPA FL 33615 |
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400002703884--9
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 ****150.00 ****150.00

B. 11/25/98 AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEIFTER, FRED
 1707 OAK BRANCH COURT
 BRANDON FL 33511

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Fred Seifter

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-19-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-98

Date

813-430-6017

Daytime Phone #

CR2E040 (9/98)

November 19, 1998

Division of Reports
Annual Reports Section
P.O. Box 1500
Tallahassee, Fla. 32302-1500

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To Whom it may concern:

Apparently there has been a misunderstanding as there was last year in receiving my corporate report. As again like last year it was mailed to the incorrect address.

Enclosed is a check for \$150.00 and the proper mailing address. For future reports please mail to the address below and also the address appears on the application for reinstatement.

I spoke to one of your representatives this morning and she instructed me to submit a letter explaining the problem along with a check which is enclosed.

In the future if they are mailed to the proper address I will see that a check is sent out promptly.

If you have any questions please feel free to call me at 813-430-6017. Again the correct mailing address is below.

Gerard A. Errico
6119 Memorial Hwy.
Unit 2
Tampa, Fla. 33615

Sincerely,
Gerard A. Errico
President

