

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000092073

1. Corporation Name

ERILYN GROUP, INC.

Principal Place of Business

Mailing Address

2467 NW 63rd Street
Boca Raton, FL 33496

2467 NW 63rd Street
Boca Raton, FL 33496

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6662 GRAPE ORCHARD WAY
DEER BEACH FL
33446 PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida

11/08/1996

5. FEI Number

65-0708764

Applied For

Not Applicable

6. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Charles Pace	2467 NW 63rd Street	Boca Raton, FL 33496
D	Mitchell Goldberg	353 Lexington Ave. 10th Floor	New York, NY 10017

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Bruce Habat
1190 NE 125th Street, #21
Miami, FL 33161

Name

Peter A. Rose, Esq.

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

5295 Town Center Road

Suite, Apt. #, Etc.

3rd Floor

City

Boca Raton

State

FL

Zip Code

33486

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

REGISTERED AGENT MUST SIGN

Date

9/20/02

11. This corporation owes 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:

Charles Pace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles Pace

Date

9/19/02

Daytime Phone #

5618653844

CP2E081 (12/98)

FILED
02 OCT -3 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-10/04/02--01037--007
****300.00 ****300.00

September 16, 2002

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

RE: Erilyn Group, Inc.

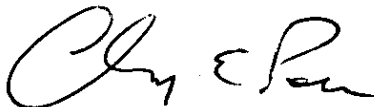
Dear Division of Corporations:

Enclosed please find my check in the amount of \$300 representing the annual fees for my Uniform Business Report for the years 2001 and 2002.

Please note that I did not receive my Uniform Business Reports for 2001 and 2002. I have changed the address and Registered Agent on the Application for Reinstatement for all future correspondence.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Charles Pace".

Charles Pace, President
Erilyn Group, Inc.