

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Randall B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000018046

1. Corporation Name

JAMES A. ERMALOVICH, INC.

Principal Place of Business

Mailing Address

38424 CRYSTAL LANE  
UMATILLA FL 32784

38424 CRYSTAL LANE  
UMATILLA FL 32784

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1997

5. FEI Number

59-3430744

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)

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
PRES.	JAMES A. ERMALOVICH	38424 CRYSTAL LANE	UMATILLA FL 32784

400002705134--7  
-12/07/98--01149--023  
\*\*\*\*550.00 \*\*\*\*550.00

8. Name and Address of Current Registered Agent

ERMALOVICH, JAMES A  
38424 CRYSTAL LANE  
UMATILLA FL 32784

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/23/98

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

11/23/98  
Date

Daytime Phone #

FILED

98 DEC -2 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR25040 (9/98)

(2)

11/30/98

Florida  
Dept of State  
Annual Report/Reinstatement  
P.O. Box 6327  
Tallahassee FL, 32314-6327

RE: James A. Ermalovich, Inc

Dear Sir/Madam,

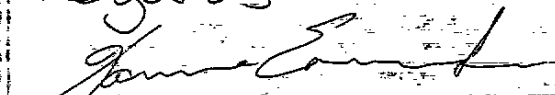
As per my conversation with your representative in your office this morning, please find enclosed another check for \$550 for my corporation Annual report and the application for reinstatement.

I had forwarded a check on 7/22/98 for this amount because I was away on business and the Report was forwarded late. I did not receive any other notices from your office. I was informed this morning that you returned the report + check because it was incomplete. I did not receive anything back in the mail.

Could you please do this filing ~~for~~ and contact me if there is anything else required. Check for \$550, <sup>enclosed</sup> as told by your rep. this morn.

Thank you

Regards

  
JAMES ERMALOVICH