

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

98 DEC -2 PM 1:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/24/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3430744	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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

(Signature)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
ERMALOVICH, JAMES A 38424 CRYSTAL LANE UMATILLA FL 32784		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: *(Signature)* **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)* **SIGNATURE REQUIRED** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/23/98 Daytime Phone #

CR2E040 (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 ~~of~~ and contact me if there is anything else required. Check for \$550, ^{enclosed} as told by your rep. this morn.
Thank you
Regards


JAMES ERMALOVICH