

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 15 PM 5:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000041589

1. Corporation Name

THE HERRICK MANAGEMENT GROUP, INC

REINSTATEMENT 99-02

300009014363  
11/15/02--01012--032 \*\*1200.00

2. Principal Office Address

220 W. ARTESIA ST

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32765

Country USA

~~FLORIDA~~

3. Mailing Office Address

220 W. ARTESIA ST

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32765

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/6/97

5. FEI Number

59-3446722

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

JOHN W. HERRICK

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

220 W. ARTESIA ST

Suite, Apt. #, Etc.

City

ORLANDO

State  
FL

Zip Code

32765

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/1/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>Director</del> OFFICER	JOHN W. HERRICK	220 W. ARTESIA ST	ORLANDO, FL 32765

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/02  
Date

407-977-5722  
Daytime Phone #

CR2E081 (9/01)