

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -7 AM 11:15

DOCUMENT # P97000087926

1. Corporation Name

ERICA LOU WESTERN WEAR, INC.

Principal Place of Business

4801 NW 128 ST RD
MIAMI FL 33054
US

Mailing Address

P.O. BOX 54-0251
MIAMI FL 33054
US



99-00

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1997

5. FEI Number

65-0793457

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MELAMUD, MICHAEL	4801 NW 128 ST RD 12180 SW 70 COURT	MIAMI FL 33131 33156
	MELAMUD, ERICA	12180 SW 70 CT	MIAMI FL 33156
			200003170432--1
			-03/15/00--01012--008
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MICHAEL LEVI JUREK CRA~~

~~6330 SW 107 ST~~

~~MIAMI FL 33156~~

Name

Mishan, Sloto, Greenberg, Hellinger & Udolf, PA

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

200 S. Biscayne Blvd,

Suite, Apt. #, Etc.

2350

City

Miami

State

FL

Zip Code

33131

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

3/1/00

11. 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~~
MICHAEL A. MELAMUD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

CR2E040 (8/99)