

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 10 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000078645**

1. Corporation Name

EARTH RESOURCE MANAGEMENT, INC.

W08-43857

09/19/08-01035-011 #1050.00

REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

15301 Spectrum Dr

Suite, Apt. #, etc.

Ste 390

City & State

Addison, Tx

Zip

75001

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/11/1998

5. FEI Number

582439702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jordan Young c/o SunTrust Bank

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

401 E. JACKSON ST., 10th floor

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature of Jordan Young]
Jordan Young
REGISTERED AGENT MUST SIGN

Date

10/23/08

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
CEO	Donald F. Moorehead		
President		15301 Spectrum Dr Ste 390 Addison, Tx 75001 972 3873832 972 387 3819 fax	

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 contained in Chapter 119, 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 of Donald F. Moorehead]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-08 9723873832
Date Daytime Phone #

DC 11/13