

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000092863**

1. Corporation Name

ERP GLOBAL SOLUTIONS, INC.

FILED

02 DEC 19 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~10127 SW 77TH CT.~~
~~MIAMI FL 33156~~

~~10127 SW 77TH CT.~~
~~MIAMI FL 33156~~



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

11/02/1998

Suite, Apt. #, etc.

1013 WILD ELM ST

Suite, Apt. #, etc.

1013 WILD ELM ST

City & State

CELEBRATION, FL

City & State

CELEBRATION, FL

Zip

34747

Country

USA

Zip

34747

Country

USA

5. FEI Number

65-0875283

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
PSTD PSD	LORD, DAVID W	10127 SW 77TH CT. 1013 WILDELM ST CELEBRATION, FL	MIAMI FL 33156 CELEBRATION FL 34747
			34747
TD	LORD, DENISE C.	1013 WILD ELM ST	CELEBRATION, FL 34747

12/19/02-61018-007 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LORD, DAVID WILLIAM

~~10127 S.W. 77TH COURT~~ **1013 WILD ELM ST.**

~~MIAMI FL 33156~~ **CELEBRATION, FL 34747**

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12-10-02**

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]
DAVID W. LORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-10-02**

Davtime Phone # **(305) 742-5422**

CR2E040 (8/02)