

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

02 JAN -2 PM 2:30

DOCUMENT # P99000013890

1. Corporation Name

ERIC OF PALM BEACH, INC.

Principal Place of Business

5251 NE 26 AVE.
LIGHTHOUSE POINT FL 33064

Mailing Address

5251 NE 26 AVE.
LIGHTHOUSE POINT FL 33064



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

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

02/10/1999

5. FEI Number

65-0957951

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	BAXTER, ERIC	5251 NE 26 AVE.	LIGHTHOUSE POINT FL 33064

000004769380-9
-01/11/02--01048--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

BAXTER, ERIC A
5251 NE 26 AVE.
LIGHTHOUSE POINT FL 33064

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/27/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/27/01 (954) 425-8686

CR2E040 (8/01)

Dear Florida Department of State Katherine Harris

Please accept this check of \$150.00 as my payment for the Annual Fee 2001. I did not receive my first notice at the beginning of the year (please check address). This was the first time I was late and the last time. I do not wish to Dissolution or Revocation my Corporation. Thank you for your time

Sincerely Yours

Eric of Palm Beach, Inc.

Director:

A handwritten signature in cursive script, appearing to read "Eric of Palm Beach", written over a horizontal line.