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DORIS E. CARDELLE

305-385-6938

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE 01 JUN -5 PM 4:40	
DOCUMENT # <u>P99000065155</u>					
1. Corporation Name <u>ERW Financial Corp.</u>					
2. Principal Office Address <u>210-71 Street</u>		3. Mailing Office Address <u>same</u>		00-01 UBR	
Suite, Apt. #, etc. <u>Suite 304</u>		Suite, Apt. #, etc. 			
City & State <u>Miami Beach, FL</u>		City & State 			
Zip <u>33141</u>	Country <u>U.S.A.</u>	Zip 	Country 		
4. Date Incorporated or Qualified To Do Business in Florida					
5. FEI Number <u>65-0938608</u>				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Walter Sollie</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>9140 Harding Avenue</u>					
Suite, Apt. #, Etc. 					
City <u>Surfside</u>				State <u>FL</u>	Zip Code <u>33154</u>
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 <u>Walter Sollie</u>				Date <u>4/30/01</u>	
REGISTERED AGENT MUST SIGN					
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		
<u>P/D</u>	<u>Walter Sollie</u>	<u>9140 Harding Ave.</u>	<u>Surfside, FL 33154</u>		
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: <u>Walter Sollie</u> <u>Walter Sollie</u>				Date <u>4/30/01</u>	Daytime Phone # <u>(305) 865-6588</u>

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