

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
FILED

**CORPORATION  
REINSTATEMENT**



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

02 AUG 21 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074807

1. Corporation Name  
**ERINSE MARKETING & PROMOTIONS INC**

900007311189--1  
-08/23/02--01043--027  
\*\*\*\*458.75 \*\*\*\*458.75

2. Principal Office Address

**4505 YORKSHIRE LANE**

Suite, Apt. #, etc.

3. Mailing Office Address

**4505 YORKSHIRE LANE**

Suite, Apt. #, etc.

City & State

**KISSIMMEE FLORIDA**

City & State

**KISSIMMEE FLORIDA**

Zip

**34758**

Country

**USA**

Zip

**34758**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/23/1999**

5. FEI Number

**65-0957448**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

**TRACY EVANS**

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

**4505 YORKSHIRE LANE**

Suite, Apt. #, Etc.

**KISSIMMEE**

City

State

**FL**

Zip Code

**34758**

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

REGISTERED AGENT MUST SIGN

Date

**8/15/02**

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
<b>MDA</b>			
<b>P</b>	<b>TRACY EVANS</b>	<b>4505 YORKSHIRE LANE</b>	<b>KISSIMMEE FL 34758</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TRACY EVANS**

**TRACY EVANS**

Date

**8/16/02**

Daytime Phone #

**407 343 0363**

76 8/21/0