

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC -8 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 950 000 27842

1. Corporation Name

Emmale Enterprises, Inc.

Principal Place of Business

Weirsdale Florida

Mailing Address

Pierrette Tasse  
4945 Doe Branch Lane  
Weirsdale, FL 32195

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

2. New Principal Office Address, If Applicable

4945 DOE BRANCH Lane

3. New Mailing Office Address, If Applicable

Pierrette Tasse  
4945 Doe Branch Lane  
Weirsdale, FL 32195

4. Date Incorporated or Qualified To Do Business in Florida

April 5/1995

5. FEI Number

Applied For  
 Not Applicable

City & State WEIRSDALE FL.

Zip 33095

Country US

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PR.	PIERRETTE TASSE	4945 Doe Branch Lane	Weirsdale FL 32195
Sec.	Lewis Haberman	6928 County R 8	S.E. Branford Nn. 56401
			700002712217--8
			-12/14/98--01135--018
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

Pierrette Tasse  
4945 Doe Branch Lane  
Weirsdale, FL 32195

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

*Pierrette Tasse*  
REGISTERED AGENT MUST SIGN

Date 12/4/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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)(f), 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:

*Pierrette Tasse President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/98 352-750-5749  
Date Daytime Phone #

Fax 352-750-3707

CR2040 (1988)