

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

03 APR 14 AM 1:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **S77456**

1. Corporation Name

**EMERSON, INC.**

Principal Place of Business

Mailing Address

12651 62ND STREET NORTH  
 LARGO FL 33773  
 US

12651 62ND STREET NORTH  
 LARGO FL 33773  
 US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified To Do Business in Florida

09/03/1991

5. FEI Number

59-30876376

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	NORDQUIST, JAMES V	12651 62ND STREET NORTH	LARGO FL 33773
P	RITTER, WILLIAM F	3020 LAKE VISTA DRIVE	CLEARWATER FL 33759
ST	RITTER, DEBBIE L.	3020 Lake Vista Dr.	Clearwater, FL 33759
			500014563705 03/25/03--01005--022 **758.75
			500014563705 05/08/03--01061--001 **150.00

8. Name and Address of Current Registered Agent

RITTER, DEBBIE L  
 3020 LAKE VISTA DRIVE  
 CLEARWATER FL 33759

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. or 617.0505, F.S.

Signature of Registered Agent

*Debbie L Ritter*  
 REGISTERED AGENT MUST SIGN

Date

3/11/03

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:

*William F Ritter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03  
 Date

727-536-5655  
 Daytime Phone #

CR2E040 (8/02)