

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000099379

Entity Name: EMMAD, INC.

**FILED**  
**Dec 10, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

221 CROCKETT BLVD.  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

221 CROCKETT BLVD.  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

FEI Number: 46-1507775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEASLEWOOD, MICHAEL  
2483 LONGWOOD BLVD.  
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL HEASLEWOOD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: HEASLEWOOD, MICHAEL  
Address: 2483 LONGWOOD BLVD.  
City-St-Zip: MELBOURNE, FL 32934 US

Title: VP,S  
Name: HEASLEWOOD, COLLEEN  
Address: 2483 LONGWOOD BLVD.  
City-St-Zip: MELBOURNE, FL 32934 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL HEASLEWOOD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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12/10/2013

\_\_\_\_\_  
Date