

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 5:26

DOCUMENT # 309795

1. Corporation Name

EMI ENGINEERING INC

Principal Place of Business

2630 ENTERPRISES RD.CLEARWATER. FL 34623
P.O. BOX 485
CLEARWATER FL 33763

Mailing Address

2630 ENTERPRISES RD.CLEARWATER. FL 34623
P.O. BOX 485
CLEARWATER FL 33763



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1149516

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PDT	JOHNSON, ROBERT E.	2630 ENTERPRISE RD.	CLEARWATER, FL 00000
SD	DAY, EDGAR S.	2630 ENTERPRISE RD.	CLEARWATER FL

100004661691--7
11/01/01 01005-003
****150.00 ****150.00

10/10/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, ROBERT E
2630 ENTERPRISE ROAD
CLEARWATER FL 33763

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-15-01

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)(l), 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 REQUIRED
Robert E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

727-796-1361

Daytime Phone #

CR2040 (8/01)

EMI ENGINEERING

CONSULTING ENGINEERS
P.O. BOX 485
DUNEDIN, FLORIDA 33528

October 15, 2001

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Madam:

We did not receive a first or second notice annual report. We are asking that you waive the filing fee and reinstate the corporation. If you have any questions, please call 727-796-1361. Thank you.

Sincerely,


Robert E. Johnson
President, EMI Engineering