PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REMSTATEMENT	APPLICATION FOR A RENSTATEMENT	
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FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

309795

1. Corporation Name

EMI ENGINEERING INC

Principal Place of Business

Mailing Address

2630 ENTERPRISES RD.CLEARWATER, FL 34623

P.O. BOX 485

CLEARWATER FL 33763

2630 ENTERPRISES RD.CLEARWATER. FL 34623

P.O. BOX 485

CLEARWATER FL 33763



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If above a	iddresses are	incorrect in any way, line th	rough incorrect in	nformation a	nd enter correction below.				
			New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/03/1966				
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.		5. FEI Number			
City & State.			City & State	City & State		-	59-1149516 Applied Fo		
Zip		Country	Zip		Country	6. CERTIFICATE		Additional Fee required a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flo	rida nonprof	it corporations must list at le	east 3 directors)			
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Ead Officer and/or Director		City / State	o / Zip	
PDT	JOHNSON	, ROBERT E.		2630 EN	TERPRISE RD.	, ,	CLEARWATER, FL 00000		
SD	DAY, EDGAR S.			2630 ENTERPRISE RD.		CLEARWATER FL			
						10	000046616 -11/01/01-01 ****150.00	5917 005-003 ****150.00	
					· · ·		A 10/34		
	8. Nam	e and Address of Current	Registered Age	ent		Name and Address of New Registered Agent			
Johnson, Robert e 2630 Enterprise Road Clearwater FL 33763					Street Address (P.O. Box Number is Not Acceptable)				
10. I, being Signature of Registered		o registered agent of the ab	ove named corpo	eration, am fa	amiliar with and accept the d	obligations of Section		-01	
		₩ PI	EGISTERED AG	ENT MUST	SIGN				

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 rate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

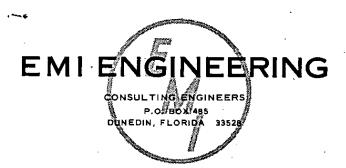
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

727-796-1361

Daytime Phone #



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