

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -5 PM 12:36

DOCUMENT # 559685

1. Corporation Name

EMCA, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700054513007  
05/13/05--01053--003 \*\*2400.00

2. Principal Office Address

1544 TEXAS AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 687

Suite, Apt. #, etc.

City & State

CRESTVIEW

City & State

CRESTVIEW

Zip

32536

Country

USA

Zip

32536

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-1891267

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Dale E Rice, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1544 TEXAS AVENUE

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32536

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

5/2/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Judith M. Rice	1544 TEXAS AVE	CRESTVIEW, FL 32536
VP	Dale E Rice, Jr.	1544 TEXAS AVE	CRESTVIEW, FL 32536

10. 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:

Dale E Rice, Jr.

5/2/05

850-902-1125

SIGNATURE VERIFIED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DALE E. RICE, JR.

CR2E081 (01/05)