

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 29 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000002048**

1. Corporation Name

EMERGYSTAT, INC.

Principal Place of Business

8660 HWY 18
VERNON AL 35592

Mailing Address

PO BOX 1497
VERNON AL 35592

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/2001

5. FEI Number

64-0800622

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 |
|---------------|---|--|-------------------------|
| PCD | CRAWFORD, GLENN | PO BOX 1497 | VERNON AL |
| V | DUBOSE, CLANTON | 89430 HWY 18 E | VERNON AL |
| S | SULLIVAN, TERESA | 1015 HOPPA HOLLOW RD. | VERNON AL |
| T | DONOVAN, JOE | 104 CABURN COURT | JACKSON MS |
| | | | |
| | | | |
| | | | |

700008681517
10/29/02--01154--002 **750.00

8. Name and Address of Current Registered Agent

HUDJINS, THOMAS E
1865 BUGLE LANE
CLEARWATER FL 33764

9. Name and Address of New Registered Agent

Name

Glenn Crawford

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

17617 SR 20 west

Suite, Apt. #, Etc.

City

Blountstown

State

FL

Zip Code

32424

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02