

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

REINSTATEMENT 02



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 *Bountstown* State **FL** Zip Code **32424**

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]*  
**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]*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10/24/02*

CR2E040 (8/02)