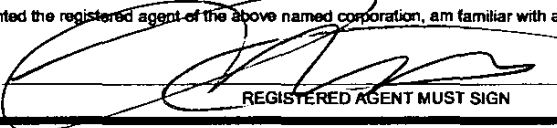
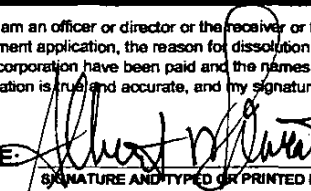


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 FEB 15 PM 4:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Corporation Name <i>Executive Management Group Enterprises, Inc.</i> 701000002932					
2. Principal Office Address 435 Clark Road Suite, Apt. #, etc. Suite 203 City & State Jacksonville, Florida Zip 32218		3. Mailing Office Address Post Office Box 2089 Suite, Apt. #, etc. City & State Petersburg, Virginia Zip 23804		REINSTATEMENT 02-05	
Country USA		Country USA			
				4. Date Incorporated or Qualified To Do Business in Florida June 1, 2001	
				5. FEI Number 54-1861012 Applied ForNot 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 Levi Williams					
Street Address (P.O. Box Number is Not Acceptable) 1332 Avon Lane 200 SE 13th Street					
Suite, Apt. #, Etc. Building 10, Suite 42					
City N. Ft. Lauderdale Ft. Lauderdale					
State FL					
Zip Code 33000 33316					
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 2/1/05 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		
Dr.	Albert W. Thweatt	119 North Sycamore Street	Petersburg, Virginia 23803		
Mr.	Levi Williams	1332 Avon Lane	N. Ft. Lauderdale, Florida 33068		
Mr.	Albert W. Thweatt, II	404 W. Grace Street	Richmond, Virginia 23223		
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: 		Albert W. Thweatt		1/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				804-732-3972	

CR2E081 (01/05)