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
Executive Management Group Enterprises, Inc.
P01000002932

REINSTATEMENT
02-05

2. Principal Office Address	**3.** Mailing Office Address
435 Clark Road	Post Office Box 2089
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Petersburg, Virginia
Zip: 32218 / Country: USA	Zip: 23804 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: June 1, 2001

5. FEI Number: 54-1861012 ☐ 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: Levi Williams

000046708990
02/16/05--01050--018 **120 8.75

Street Address (P.O. Box Number is Not Acceptable): ~~1332 Avon Lane~~ 200 SE 13th Street

Suite, Apt. #, Etc.: ~~Building 10, Suite 12~~

City: ~~N. Ft. Lauderdale~~ Ft Lauderdale | State: FL | Zip Code: ~~33068~~ 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

CR2E081 (01/05)

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 | Albert W. Thweatt | 1/28/05 | 804-732-3972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

b