

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 19 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000606701

1. Corporation Name
Emerald Capital Services, Inc

Principal Place of Business Mailing Address
2425 Hollywood Blvd
Hollywood, Fla 33021

REINSTATEMENT 9998

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 4-26-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0494090	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	BILL MCCONNELL	above	
			500002696835--9
			11/25/98 01071-017
			****900.00 ****900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name BILL MCCONNELL	
		Street Address (P.O. Box Number is Not Acceptable) 2425 Hollywood Blvd	
		Suite, Apt. #, Etc. Hollywood	
		City FL State Zip Code 33020	

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.

Signature of Registered Agent *[Signature]* Date NOV 16/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ Paid (See other side for information on intangible tax.)

12. 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]* BILL MCCONNELL Date NOV 16/98 954921996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)