

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

REINSTATEMENT



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

APPROVED
AND
FILED

98 NOV 19 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H93351

1. Corporation Name

EMERSON ENTERPRISES OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

4775 SPANISH TRAIL
STE C
PENSACOLA FL 32504
US

4775 SPANISH TRAIL
STE C
PENSACOLA FL 32504
US

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

2. New Principal Office Address, If Applicable

4775 Spanish Trail
Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32504

Country

Escambia

3. New Mailing Office Address, If Applicable

4775 Spanish Trail
Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32504

Country

Escambia

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1986

5. FEI Number

59-2621914

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	EMERSON, EVON C.	8867 BURNINGTREE RD.	PENSACOLA FL
			300002694573--0
			-11/23/98--01146--010
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

EMERSON, EVON C.
8867 BURNINGTREE RD.
PENSACOLA FL 32514

9. Name and Address of New Registered Agent

Name

EMERSON, EVON C.

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

3974 Mercedes 2 W

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/98

Daytime Phone #

CR2E040 (9/98)

20f2



EMERSON ENTERPRISES, INC.

November 16, 1998

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Customer Service Representative:

I spoke with your office today regarding my application for Corporate Annual Reinstatement. I was informed to send a check for \$150.00 with my application form. The address on file is not correct. The street address should be 4755 Spanish Trail. I never received the 1997 Annual filing report form in December, January, July or any other time during the year. The address I used when filing in 1997 for 1996 was correct, however the changes were not done correctly.

Thank you for your assistance in reinstating my application.

Sincerely,

Ralph W. Emerson III