

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 28 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J11532

1. Corporation Name

EXECUTIVE & MANAGEMENT SERVICES
INTERNATIONAL, INC.

2. Principal Office Address

13223 PALMILLA CIR

Suite, Apt. #, etc.

3. Mailing Office Address

13223 PALMILLA CIR

Suite, Apt. #, etc.

City & State

DADE CITY, FL

Zip

33525

Country

USA

City & State

DADE CITY, FL

Zip

33525

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/86

5. FEI Number

59-2675708

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

LARRY R. PEARSON

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

13223 PALMILLA CIRCLE

Suite, Apt. #, Etc.

City

DADE CITY, FL

State

FL

Zip Code

33525

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

Larry R. Pearson

REGISTERED AGENT MUST SIGN

Date

6/24/2004

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
PRD	PEARSON, LARRY	13223 PALMILLA CIR	NAPLES, FL 33525
VD	PEARSON, CHRISTOPHER	2813 W. MARLIN AVE	TAMPA, FL 33611

300038318043
06/28/04--01050--018 **900.00

6/24/04

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:

Larry R. Pearson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY R. PEARSON

6/24/04

Date

352-588-5452

Daytime Phone #

CR2E081 (01/04)