

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018229

Name and Mailing Address

0005308 01 FP 0.352 \*\*PRSRT T6 0 0615 33767-295933  
EMERGENT RESOURCES, LLC  
1633 SAND KEY ESTATES COURT  
CLEARWATER FL 33767-2959

000009044740  
11/18/02--01037--001 \*\*50.00



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 1633 SAND KEY ESTATES COURT CLEARWATER FL 33767		<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/22/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 59-3750023	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b> Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Cheri Boudreau	1633 Sand Key Estates Ct	Clearwater, FL 33767

**12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Cheri Boudreau Date 11-13-02 Daytime Phone # 727-593-0128

Typed or printed name of signing Managing Member/Manager



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 13, 2002

Florida Department of State  
Division of Corporations  
Registrations Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom it May Concern;

Upon receiving the enclosed notice for the first time, it was suggested I fill out the 2002 UBR and send it in with a check for \$50.00. Please find my check enclosed and reinstate Emergent Resources as a Florida Corporation.

If you have any questions, please call me at 727.593.0128.

Sincerely,

A handwritten signature in cursive script that reads 'Cheri Boudreau'.

Cheri Boudreau  
Managing Partner