

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M79764

Entity Name: EMORY, INC.

FILED
Feb 17, 2010
Secretary of State

Current Principal Place of Business:

2819 CAPITA CIRCLE NE
2819 CAPITAL CR. N.E.
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

2530 PINE RIDGE ROAD
TALLAHASSEE, FL 32308 US

Current Mailing Address:

2819 CAPITAL CR NE
TALLAHASSEE, FL 32308 US

New Mailing Address:

2530 PINE RIDGE ROAD
TALLAHASSEE, FL 32308 US

FEI Number: 59-2894797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, EMORY
2819 CAPITAL CR. N.E.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MORRIS, EMORY
2530 PINE RIDGE ROAD
TALLAHASSEE, FL 32308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EMORY MORRIS

02/17/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: MORRIS, EMORY
Address: 2530 PINE RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: V
Name: MORRIS, WILLIAM T
Address: 2530 PINE RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST
Name: MORRIS, BARBARA A
Address: 2530 PINE RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EMORY MORRIS

PRES

02/17/2010

Electronic Signature of Signing Officer or Director

Date