

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 12 AM 8:00

DOCUMENT # P00000047518

1. Corporation Name

PAUL C. EMERY, P.A.

2. Principal Office Address

13021 SE 55TH AVE. RD.

Suite, Apt. #, etc.

City & State

BELLEVIEW, FL

Zip

34420

Country

USA

3. Mailing Office Address

13021 SE 55TH AVE. RD.

Suite, Apt. #, etc.

City & State

BELLEVIEW, FL

Zip

34420

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/2000

5. FEI Number

59-3449307

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-04
MRS

7. Name and Address of Current Registered Agent

Name

PAUL C. EMERY

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

13021 SE 55TH AVE. RD.

Suite, Apt. #, Etc.

City

BELLEVIEW

600032464146

04/12/04--01051--009 **450.00

State

FL

Zip Code

34420

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

Paul C. Emery
REGISTERED AGENT MUST SIGN

Date 4-7-04

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
Pres.	Paul C. EMERY	13021 SE 55 TH AVE. RD.	BELLEVIEW, FL, 34420

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:

Paul C. Emery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

Date

352-245-9666

Daytime Phone #

CF2E081 (01/04)