PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000047518

1. Corporation Name
PAUL C. EMERY, P.A.

REINSTATEMENT 02-04

MRS

2. Principal Office Address
13021 SE 55TH Ave. Rd.
Suite, Apt. #, etc.

3. Mailing Office Address
13021 SE 55TH Ave. Rd.
Suite, Apt. #, etc.

City & State
BELLEVIEW, FL

City & State
BELLEVIEW, FL

Zip	Country	Zip	Country
34420	USA	34420	USA

4. Date Incorporated or Qualified To Do Business in Florida   5/8/2000

5. FEI Number   59-3649307   ☐ 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   PAUL C. EMERY

Street Address (P.O. Box Number is Not Acceptable)   13021 SE 55TH Ave. Rd.

Suite, Apt. #, Etc.

City   BELLEVIEW   State FL   Zip Code 34420

800032464146
04/12/04--01051--009 **450.00

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 _____   REGISTERED AGENT MUST SIGN   Date 4-7-04

CR2E081 (01/04)

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 55TH 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: _____   4-7-04   352-245-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #