

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PM1000007070**

1. Corporation Name

EMERALD EXPRESS, INC.

REINSTATEMENT 03

2. Principal Office Address

539 S. Tyndall Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1494

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32404

Country

USA

City & State

LYNN HAVEN, FL

Zip

32444

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 2000

5. FEI Number

54-3689383

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Matthews & Hawkins P.A. / Lori Ellen Ward

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

4475 LEGENDARY DRIVE

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32541

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

Lori Ellen Ward

REGISTERED AGENT MUST SIGN

Date

12/19/03

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	EDWIN K. WYLLIE	1519 INVERNESS RD	LYNN HAVEN, FL 32444

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:

E. K. Wyllie

E. K. WYLLIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/03

Daytime Phone #

850-258-1949

12 December 2003

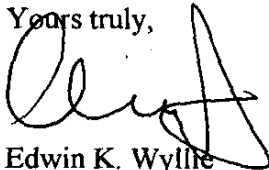
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

In January 2003 I bought out my partner, Weldon Tollison, whose home address was 12 Country Club Drive, Destin, FL. From what I have found out, the State Department sent the annual UBR form to his home address which also happened to be our corporate registered address. It must have been forwarded to his new address in Jackson, MS but I have never received this form from him or the Department of State. If I had I would have filled it out and sent it in promptly. Consequently, my company has been administratively dissolved. I am requesting to be reinstated as soon as possible

I am enclosing the originally requested fee of \$150.00 and will insure that the form gets filled out and sent in on a timely basis next year.

Yours truly,



Edwin K. Wyllie
President

Cc: Lori Ellen Ward