PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -8 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/07/04--01061--003 **1050.00

DOCUMENT # P01000029077

1. Corporation Name
E.M.H. Investments, Inc.

2. Principal Office Address	3. Mailing Office Address
24850 Old 41 ~~Road~~ #2	same
Suite, Apt. #, etc.: Suite 12	Suite, Apt. #, etc.
City & State: Bonita Springs, FL	City & State
Zip: 34135 Country: Lee	Zip Country

REINSTATEMENT 02-07 ~~04~~

4. Date Incorporated or Qualified To Do Business in Florida: 3/21/01

5. FEI Number: 65-1090230 ☐ 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: Ellen M. Hennigan

Street Address (P.O. Box Number is Not Acceptable): 1625 Whiskey Creek Drive

Suite, Apt. #, Etc.:

City: Fort Myers State: FL Zip Code: 33919

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: Ellen M. Hennigan — REGISTERED AGENT MUST SIGN Date: 4/1/04

CR2E068 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Ellen M. Hennigan	1625 Whiskey Creek Drive	Fort Myers, FL 33919

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: Ellen M. Hennigan ELLEN M. HENNIGAN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 Date (239) 229-9765 Daytime Phone #