

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

04 NOV -9 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052841

1. Corporation Name

Emerson Jones Inc.

114 Reva

71 Ponce de Leon

2. Principal Office Address

114 Reva

Suite, Apt. #, etc.

3. Mailing Office Address

71 Ponce de Leon

Suite, Apt. #, etc.

City & State

Daytona Beach

City & State

Ormond Beach

Zip

32114

Country

Volusia

Zip

32176

Country

Volusia

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/29/2001

5. FEI Number

20-1272021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

Th

7. Name and Address of Current Registered Agent

Name

James Charles

CHARLES, JAMES N ESQ.

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

217 CELEBRATION BLVD

Suite, Apt. #, Etc.

City

CELEBRATION

State

FL

Zip Code

34747

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

James Charles

REGISTERED AGENT MUST SIGN

Date

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
D	Charles D. King	23 Sandcastle	Ormond Beach, FL 32176
D	Francis King	71 Ponce de Leon	Ormond Beach, FL 32176

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:

Charles D. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/2004

Daytime Phone #

(386) 547-2666

CR2E081 (01/04)



849 West International Speedway Boulevard
Daytona Beach, Florida 32114

4-5
2 of 2

September 23, 2004

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

Division of Corporations

Due to an unforeseen accident at our location located at 509 North Beach St, Daytona Beach, FL 32114 we were forced to relocate our operation and in doing so had our mail forwarded to our new address. As with some of our mail we were unfortunate in not receiving our annual report from the state. Due to this unfortunate act we believe that we should be granted the \$150.00 for each year dissolved.

2002 \$150.00

2003 \$150.00

2004 \$150.00

Total \$450.00

Thank you,

Charles D. King