


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000018205

1. Corporation Name
JOE EMRICK, INC.

FILED
 03 DEC 26 AM 8:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
18059 125TH AVE. N. JUPITER FL 33478	18059 125TH AVE. N. JUPITER FL 33478



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/18/2002
City & State	City & State	5. FEI Number
Zip	Country	03-0414534
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	EMRICK, JOE A JR.	18059 125TH AVE. N.	JUPITER FL 33478
VP	EMRICK, MATTHEW J	18059 125TH AVE. N.	JUPITER FL 33478
S	EMRICK, THERESA C	18059 125TH AVE. N.	JUPITER FL 33478

500025760855
 12/26/03--01005--023 **150.00

8. Name and Address of Current Registered Agent

EMRICK, JOE A JR.
 18059 125TH AVE. N.
 JUPITER FL 33478

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Joe Emrick* Date 12/22/03

REGISTERED AGENT MUST SIGN

11. 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: *Joe Emrick* **JOE EMRICK** 12/22/03 561 575 7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

AJE

Joe Emrick

18059, 125th Avenue North ~ Jupiter, Florida 33478

Phone / Fax (561) 575-7444


12/22/03

To Whom It May Concern:

Unfortunately, we did not receive our first Uniform Business Report request and, this being our first year of incorporation, were not aware of the report.

We are submitting a check in the amount of \$150. Please waive the reinstatement fee for our first year of incorporation. We realize it is our obligation to file this report and will make every attempt in the future to file it within the allotted time.

Sincerely,



Joe Emrick

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