

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB 24 PM 2:04

DOCUMENT # P02000084213

1. Corporation Name

Empire Gems, Inc.

400168547434
02/17/10--01032--004 **150.00

2. Principal Office Address - No P.O. Box #

237 RIVIERA Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

237 RIVIERA Ct

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

Country

33950

Charlotte

Zip

Country

33950

Charlotte

REINSTATEMENT 09-10
CR2E081-(11/89)

4. Date Incorporated or Qualified
To Do Business in Florida

8/5/2002

5. FEI Number

02 - 0636150

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

Colleen M. CRANDALL

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

237 RIVIERA Ct. Punta Gorda FL

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Colleen M. Crandall
REGISTERED AGENT MUST SIGN

Date 2-9-10

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	Colleen CRANDALL	237 RIVIERA Ct.	Punta Gorda FL 33950

400168547434
02/23/10--01001--001 **150.00

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Colleen M. Crandall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-9-10

Daytime Phone #

954-798

3517