PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P0200012577	7
	1 OFFICE LEGIT	•

1. Corporation Name

EMERALD REALTY OF NORTH FLORIDA, INC.

FILED

03 OCT 28 AMII: 44

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address			}			
		MARCO BLVD. APT A2					
If above addresses are incorrect in any way, line thro	ough incorrect in	formation and ente		1	TATEME		
2. New Principal Office Address, If Applicable \$550 Auß Yun Color Suite, Apt. #, etc. Suite, Apt. #, etc.		f Applicable	Date Incorporated or Qualified To Do Business in Florida 11/26/2002				
Suite Apt. #, etc	City & State	<u> </u>		5. FEI Number	1858353	-	Applied For Not Applicable
Zip 232207 County	Zip 3220	7 Count		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Addi for a Cer	itional Fee required tificate of Status
7. Names and Street Addresses of Each Officer and/o			ations must list at lea	st 3 directors)			
Title(s) Name of Officers and/or Directors	<u> </u>	St	reet Address of Each fficer and/or Director	City / Chata / Zin			
D ZAJACK, RONALD		2130-SAN-MAR	CO BLVD. APT A2		JACKSONVILLE FL	32207	
		5550 Suite#	AUBURN (-D	rel	Speksonulle, Plazzog		
				90 10/28/	002418 030101103	7639 32 **75	8, 75
₽							
1 8. Name and Address of Current R	egistered Ager	nt		9. Name and	Address of New Regis	tered Agent	
ZAJACK, RONALD E 2130 SAN MARCO BLVD. APT A2 JACKSONVILLE FL 32207			Street Address (P.O. Box Number is Not Acceptable) SSO ABUND Ref Suite, Apt. #, Etc. City JACKSon VILL State Zip Code \$220 7				
10. I, being appointed the registered agent of the abov	re named corpor	ration, am familiar v	vith and accept the ob	oligations of Section	on 607.0505, F.S. or 61		
Signature of Registered Agent	GISTERED AGI	ENT MUST SIGN			Date	-17-	23
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolu	er or trustee em ution has been e	powered to execute	this application as p	rovided for in cha the requirements	pter 607 or 617, F.S. I f of section 607,0401 or	further certify t 617.0401, F.S	hat when filing

Lertify 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:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-03

904 518862

Daytime Phone #

e Phone #