

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 21 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

EMERALD ISLE INTERIOR INSULATION, INC.

2 Principal Office Address
5510 WILE AVE

3. Mailing Office Address
PO BOX 177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State
INTERCESSION CITY, FL

City & State
INTERCESSION CITY, FL

Zip
33848-0177

Country
USA

Zip
33848-0177

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 12/23/2002

5. - FEI Number—
20-0292628

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 IL
Timothy P. Kearns

Street Address (P.O. Box Number is Not Acceptable)
5510 WILE AVE

Suite, Apt. #, Etc.

City
INTERCESSION CITY

State
FL

Zip Code
33848

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**

Date 5/3/04

REGISTERED AGENT MUST SIGN

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.	TIMOTHY P. KEARNS	5510 WILE AVE	INTERCESSION CITY, FL 33848
VICE	CASEY P. KEARNS	5510 WILE AVE	INTERCESSION CITY, FL 33848
			100037436621 06/01/04--01010--015 **500.00
			100037436621 06/01/04--01010--016 **250.00
			100037436621 06/01/04--01010--017 **150.00

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:

Tina P Kearns Tina P Kearns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/04

407-933-4062

Date _____

Daytime Phone #

CR2E081 (01/04)