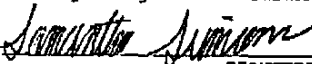
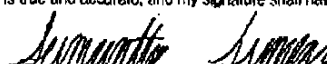


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 MAY -7 AM 8:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P03000033603					
1. Corporation Name EMAGYN INC.					
2. Principal Office Address - No P.O. Box # 401 East Las Olas Blvd		3. Mailing Office Address 401 East Las Olas Blvd		REINSTATEMENT 04-08^{ks} CR2E081 (12/07)	
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc. Suite 1400			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL			
Zip 33301	Country US	Zip 33301	Country US		
4. Date Incorporated or Qualified To Do Business in Florida 03/21/2003				5. FEI Number ☒ Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 for				Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CHRISITE JONES					
Street Address (P.O. Box Number is Not Acceptable) 401 East Las Olas Blvd					
Suite, Apt. #, Etc. Suite 1400					
City Ft. Lauderdale		State FL	Zip Code 33301		
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 		Samantha Simons, attorney-in-fact		Date 05/07/2008	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State	Zip	
D	Leroy A Robinson	401 East Las Olas Blvd Suite 1400	Ft. Lauderdale/FL	33301	
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 617.040 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 contained in Chapter 119, 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: 		Samantha Simons, attorney-in-fact		Date 05/07/08 561-694-8107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

CORPORATION REINSTATEMENT

EMAGYN INC.

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