H08000124014

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 MAY -7 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000033603

1. Corporation Name
EMAGYN INC.

REINSTATEMENT 04-08 ks

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
401 East Las Olas Blvd		401 East Las Olas Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1400		Suite 1400	
City & State		City & State	
Ft. Lauderdale, FL		Ft. Lauderdale, FL	
Zip	Country	Zip	Country
33301	US	33301	US

4. Date Incorporated or Qualified To Do Business In Florida 03/21/20)3

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 for ... dditional 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	State	Zip Code
Ft. Lauderdale	FL	33301

☑ The reinstatement fee is impo ed, except in circumstances which the entity id not receive the prior notices. By checking this box, you are certifying the prior noti es were not received and requesting the einstatement 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 Samantha Simons 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/33	01

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 ce ify 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 Samantha Simons, attorney-in-fact 05/07/08 561-694-81)7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytin 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
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Fax Number : (561)694-1639

CORPORATION REINSTATEMENT

EMAGYN INC.

Certificate of Status	0
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