

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 12 AM 10:35

DOCUMENT # 8030000 56489

1. Corporation Name

~~Emerald Custom Construction, Inc.~~
Emerald Custom Construction, Inc.

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

221 Manorview Ln

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Zip

Country

32724 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

16-1673325

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

John Kruger

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

221 Manorview Lane

Suite, Apt. #, Etc.

City
Deland

State

FL

Zip Code

32724

☒ 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

John M. Kruger

REGISTERED AGENT MUST SIGN

Date 10-31-08

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
President	John Kruger	221 Manorview Ln	Deland, FL
Vice Pres	Sara Kruger	221 Manorview Ln	Deland, FL

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 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: John M. Kruger John M. Kruger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-08

Date

Daytime Phone #

386 215-0251