

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 14 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000030589**

1. Corporation Name

EMINGER ASSOCIATES, INC.

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

307 SW 27TH TERRACE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

Zip

33445

Country

USA

3. Mailing Office Address **C/O TAX HELP INC.**

1730 S. FEDERAL HWY.

Suite, Apt. #, etc.

STE 260

City & State

DELRAY BEACH FL.

Zip

33483

Country

USA

600163589416
12/14/09--01081--016 **458.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2001

5. FEI Number

34-1966319

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

W. J. TREMBLAY

Street Address (P.O. Box Number is Not Acceptable) **C/O TAX HELP INC.**

1730 S. FEDERAL HWY.

Suite, Apt. #, Etc.

STE 260

City

DELRAY BEACH

State

FL

Zip Code

33483

☒ 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

W. J. Tremblay

REGISTERED AGENT MUST SIGN

Date **12/07/09**

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
PSTD	ROBERT EMINGER	307 SW 27TH TERRACE	DELRAY BEACH, FL. 33445

10. E-mail Address: **WJTEA@BELL SOUTH.NET**

(To be used for future annual report notification)

11. 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. I further certify, 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: **Robert Eminger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT EMINGER 12/07/09 561-243-6355