2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000071445

Entity Name: EMERALD INDUSTRIES, INC.

FILED May 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1132 HWY A1A 1636 HIGHWAY A1A SATELLITE BCH, FL 32937 INDIALANTIC, FL 32903

Current Mailing Address: New Mailing Address:

1132 HWY A1A 1636 HIGHWAY A1A SATELLITE BCH, FL 32937 INDIALANTIC, FL 32903

FEI Number: 20-2851096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LAWN, DECLAN LAWN, DECLAN 1132 HWY A1A 1636 HIGHWAY A1A SATELLITE BCH, FL 32937 US INDIALANTIC, FL 32903 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DECLAN LAWN 05/18/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **DPTS** (X) Change () Addition

LAWN, DECLAN Name: Name: LAWN, DECLAN 1132 HWY A1A 1636 HIGHWAY A1A Address: Address: City-St-Zip: SATELLITE BCH, FL 32937 City-St-Zip: INDIALANTIC, FL 32903

Title: (X) Delete Title: () Change () Addition

Name: DALE, KAREN Name: 1132 HWY A1A Address: Address: SATELLITE BCH, FL 32937 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

ANTHONY-ROE, VICKIE Name: Name: 1132 HWY A1A Address: Address: City-St-Zip: SATELLITE BCH, FL 32937 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

RYTHER, TONYA R Name: Name: Address: 1132 HWY A1A Address: City-St-Zip: SATELLITE BCH, FL 32937 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DECLAN LAWN **DPTS** 05/18/2007