

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 AUG 28 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P06 000059261*

1. Corporation Name

Emergent Construction Inc.

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

3. Mailing Office Address

Suite, Apt. #, etc.

4802 Eggleston Avenue

Suite, Apt. #, etc.

4802 Eggleston Avenue

City & State

Orlando, Florida.

City & State

Orlando, Florida.

Zip

32804

Country

Orange

Zip

32804

Country

Orange

4. Date Incorporated or Qualified  
To Do Business in Florida

04-22-2006

5. FEI Number  
43-2104049

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

Diane L. Lyles

Street Address (P.O. Box Number is Not Acceptable)  
105 NW 4th Avenue

Suite, Apt. #, Etc.

City

Lake Butler

State

FL

Zip Code

32504

☒ 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

*Diane L. Lyles*

REGISTERED AGENT MUST SIGN

Date *Aug 27, 2009*

**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
P	Dale J. Cook	4802 Eggleston Ave	Orlando, Florida. 32804
VP	James R Day	4802 Eggleston Ave	Orlando, Florida. 32804
TRES	Dorothy E. Cook	4802 Eggleston Avenue	Orlando, Florida. 32804

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:

*Dale J. Cook* DALE J. COOK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-27-2009

Date

Daytime Phone #

*(407)*

*230-2193*