

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 MAR 24 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000039702

1. Corporation Name

EMJ TRANSPORT Inc.

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

151 DABOU LOOP

Suite, Apt. #, etc.

BELLE GLADE, FL

City & State

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

City & State

Zip

33430

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05-07-2010

5. FEI Number

262378931

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EVERTON MORGAN

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

151 DABOU LOOP

Suite, Apt. #, Etc.

City

BELLE GLADE

State

FL

Zip Code

33430

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

Everton Morgan

REGISTERED AGENT MUST SIGN

Date

03-19-14

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	EVERTON W. Morgan Sr.	151 DABOU LOOP	BELLE GLADE, FL 33430
VP	MARY MORGAN	151 DABOU LOOP	BELLE GLADE, FL 33430
S	EVERTON W. Morgan Jr.	151 DABOU LOOP	BELLE GLADE, FL 33430
REINSTATEMENT			S. HAWKES
2013 - 2014			MAR 26 A.M.
			EXAMINER

10. E-mail Address:

SABOBI.MORGAN@YAHOO.COM

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Everton Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-14

Date

Daytime Phone #

561-261-2220

*Attn: Cathy*FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Payment Amount:** \$158.75**Please confirm your payment information****Card Information****Card Number:** 4034860048573223
Expiration Date: 12/2014**Billing Information****Billing Name:** Everton Morgan
Billing Country: US
Billing Address: 151 Dabou Loop
Billing City: Belle Glade
Billing State: FL
Billing Zip/Postal Code: 33430
Billing Phone Number: 5612612220
Email Address: Jacobi.Morgan@yahoo.com*Home # 561-993-0717*☒ Cancel ☐ Edit ☒ Submit Payment**Warning: Please do not click on the submit button more than once to prevent**



Corporations

Payments Tools Activity

rvarnadore ~

Information

Annual Report Filing History

Search By Document ID

Session

Transaction ID	Description	Filing Stage
p10000039702-2d76748b-552d-4eda-9838-cc42327c0bdb	Session file for p10000039702 with last modified date of 3/5/2013 5:42:12 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
db125e86-69be-443a-9f61-6fd1be420c2e	P10000039702	0	2	2/8/2012 12:00:00 AM
db71faa7-5c86-47bf-ab9b-ea78bdbc2e15	P10000039702	0	2	5/23/2011 12:00:00 AM
p10000039702-2d76748b-552d-4eda-9838-cc42327c0bdb	P10000039702	150	0	3/5/2013 5:42:12 PM

