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
2017 MAR 23 PM 2:36

DOCUMENT # P14000022238

1 Corporation Name

EGM, INC.

| 2 Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1830 Woodpointe DR | P.O.Box 473 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Winter Haven FL | City & State: Dundee FL |
| Zip: 33884 Country: USA | Zip: 33838 Country: USA |

CR2E041 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 3/11/2014

5. FEI Number: 37-1752988 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee (Fee applicable if Good Standing Status is desired)

7. Name and Address of Current Registered Agent

Name: Robert E. Jenkins

Street Address (P.O. Box Number is Not Acceptable): 1830 Woodpointe Drive

Suite, Apt. # Etc:

City: Winter Haven State: FL Zip Code: 33884

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03/23/17--01021--008 **1050.00

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: Robert E. Jenkins
REGISTERED AGENT MUST SIGN

Date: 3/17/17

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 | Robert E Jenkins | 1830 Woodpointe Drive | Winter Haven FL 33884 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: aeth@verizon.net
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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: Robert E. Jenkins MAR 17, 2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

V HERRING
MAR 27 2017