PLEASE READ	ALL INSTRU	CTIONS E	BEFORE C	OMPLET	NG THIS FORM.	
APPLICATION AND APPLICATION	FLORIDA DE					
, FOR		dra B. Morti	37101	450 11		
REINSTATEMENT	DIVISIO	Cretary of Sta	· 21	1311.		
DOCUMENT # P920000 11139 1. Corporation Name Empex International Corporation				98 JUL -6 AM 11: 28		
Chibe x	ETTICK CTOFF	act - p			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	Mailing Address				TALLAHASSEE, FLORIDA	
Principal Place of Business 533 Cleveland						
				REINSTATEMENT		
Clear Water, FL 33755 If above addresses are incorrect in any way, line through incorrect information and enter correction below.						96
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				4. Oato losses		an
ame as above Same as above Suite, Apt. #, etc.			To Do Business in Florida BEC, 10 1992			
City & State City & State			5. FEI Numi		Applied For Not Applicable	
Zip Country	Zıp	Country	us A	6.	OF STATUS DESIRED (\$8.75 Additional for a Certificat	Fee required
7. Names and Street Addresses of Each Officer and/o	or Director (Florida no	onprofit corporation	ons must list at lea	_ _		
Title(s) Name of Officers and/or Directors 3 (Do NO		Office	it Address of Each er and/or Director Post Office Box N		City / State / Zip	
		533 Cleveland st. Clearwater, FL 33755			>	
S Michelle Rowland 5		533 Cleveland St.		St.	Clearwater, FL 3	3755
2				90	0002583149	7
				-07/08/9801071023 ***1208.50 ***1208.50		
				<u></u> _		
8. Name and Address of Current R	egistered Agent			9. Name and A	ddress of New Registered Agent	
Carmen I. Rowld	Name Carmen I. Rowland					
533 Cleveland St.			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
Clearwater, FL 33755						5
City Clear Water State Zip Code FL 33755						55
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 626/98						
11. This corporation over of has paid the current year A Intangible Personal Property tax due June 30. Yes No						
12. 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 under section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davisme Phone &						
CARMEN IT ROWLAND						