

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -4 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

EMPEX INTERNATIONAL CORPORATION

DOC# P92000011139

2. Principal Office Address

311 ISLAND WAY

Suite, Apt. #, etc.

STE. 203

City & State

CLEARWATER, FL

Zip

33767

Country

USA

3. Mailing Office Address

P.O. BOX 3651

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33767

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1992

5. FEI Number

593162114

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

CARMEN ROWLAND

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

311 ISLAND WAY

Suite, Apt. #, Etc.

STE. 203

City

CLEARWATER

State

FL

Zip Code

33767

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

Date

6/15/2003

REGISTERED AGENT MUST SIGN

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
PT	CARMEN ROWLAND	311 ISLAND WAY STE 203	CLEARWATER, FL 33767

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 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:

CARMEN ROWLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/03 727 481 8035

Date

Daytime Phone #

CRZE081 (10/02)



Justin, Here is
the reinstatement
documents again as
requested. You
advised me during
our call Friday 8/02/03
that the 750.00 fee
and 8.75 document
request fee had been
received by the Dept.

Please ensure that
the corporation's
address is corrected.

Also, if you would be
kind enough to phone
or fax a confirmation
I would appreciate it.

CAROL ROYLAND
727-481-8035 FAX 727-462-6600