

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 17 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-04

700028014997
02/02/04--01062--004 **1508.75

DOCUMENT #P93000040141

1. Corporation Name

Emerald Antiques, Inc.

2. Principal Office Address

21588 Marion Avenue

Suite, Apt. #, etc.

Unit 1040

City & State

Punta Gorda, Florida

Zip

33950

Country

U.S.

3. Mailing Office Address

21588 Marion Avenue

Suite, Apt. #, etc.

Unit 1040

City & State

Punta Gorda, Florida

Zip

33950

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

June 7, 1993

5. FEI Number

650533995

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

James W. Kaywell

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

2705 Tamiami Trail, Suite 211

Suite, Apt. #, Etc.

Suite 211

City

Punta Gorda,

State

FL

Zip Code

33950

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

REGISTERED AGENT MUST SIGN

Date January 27, 2004

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
D	David E. Ruggieri	7435 E. Marion Avenue Suite 304	Punta Gorda, FL 33950

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: David E. Ruggieri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04 (941) 637-7304

Date Daytime Phone #

CR2E081 (10/02)