

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 10 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047654

1. Corporation Name

Emerald Information Systems, Inc.

2. Principal Office Address

2535 Hibbard Trail

3. Mailing Office Address

2535 Hibbard Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chuluota, FL

City & State

Chuluota, FL

Zip

32766

Country

USA

Zip

32766

Country

USA

000010426390
02/19/03--01022--032 **150.00

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

June 1993

5. FEI Number

59-3193137

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lynn M. Evans

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

2535 Hibbard Trail

Suite, Apt. #, Etc.

City

Chuluota

State
FL

Zip Code

32766

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

Lynn M. Evans Lynn M. Evans

REGISTERED AGENT MUST SIGN

Date 1/15/2003

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
PST	Lynn M. Evans	2535 Hibbard Trail	Chuluota, FL 32766
V	Deborah K. Johnson	2286 185 th St. East	Jordan, MN 55352

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:

Lynn M. Evans
Lynn M. Evans / Lynn M. Evans

1/15/2003

407-366-4696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)

2082

Emerald Information Systems, Inc.

2535 Hibbard Trail
Chuluota, FL 32766
Phone: (407) 366-4696
Fax: (407) 366-2606

January 15, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document P93000047654

Dear Sir or Madam:

Today I was looking up some information about another Florida corporation on your web site and decided to go look at my own company information. I was shocked to see that Emerald Information Systems, Inc. is in an "inactive" status due to non-filing of the 2002 Uniform Business Report. After careful examination of my records, I realized that I never received the report and therefore missed the renewal.

Our office at 7457 Aloma Avenue, Winter Park, was shut down in March of 2001 and I am running the business out of my home now. Apparently, you never received the address change from us.

Because I have always been in good standing, have actually filed early in most cases, and I did not receive the report form from you, I am requesting reinstatement at the \$150 rate.

I have not yet received the renewal for 2003, either, so would you please check the mailing address for that as well. Thank you for your consideration.

Sincerely,

Lynn M. Evans

Lynn M. Evans
President

Enclosures: Corporation Reinstatement Form, \$150 Check