

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000005957

1. Corporation Name

EMP GROUP, INC.

Principal Place of Business

Mailing Address

661 EAST ALTAMONTE DRIVE
SUITE 210
ALTAMONTE SPRINGS FL 32701

661 EAST ALTAMONTE DRIVE
SUITE 210
ALTAMONTE SPRINGS FL 32701

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

701 S. French Ave.

701 S. French Ave.

City & State

City & State

Sanford, FL

Sanford, FL

Zip

Country

Zip

Country

32771 Seminole

32771 Seminole

4. Date Incorporated or Qualified To Do Business in Florida

01/24/1995

5. FEI Number

59-3288362

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PASCARELLA, EUGENE M	661 E. ALTAMONTE DR. SUITE 210	ALTAMONTE SPRINGS FL 32701

100004691091--4

-11/21/01--01055--015

***158.75 ***158.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PASCARELLA, EUGENE

661 E. ALTAMONTE DR, STE 210

ALTAMONTE SPRINGS FL 32701

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Eugene M. Pascarella

Date

REGISTERED AGENT MUST SIGN

11. 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:

Eugene M. Pascarella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-01 407-324-1153

FILED

01 OCT 31 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (801)

2052

E.M.P. GROUP, INC.
AUTO EXPRESS
701 S. FRENCH AVE.
SANFORD, FL. 32771

TO WHOM IT MAY CONCERN:

PLEASE NOTE THAT WE NEVER RECEIVED THIS REINSTATEMENT FORM IN THE MAIL, BECAUSE, IT WAS SENT TO THE WRONG ADDRESS. THE COMPANY THERE MUST HAVE KEPT IT THERE FOR A WHILE BECAUSE, WE ONLY RECEIVED IT LAST WEEK. I CORRECTED THE ADDRESS ON THE FORM PROVIDED. PLEASE HAVE ALL CORRESPONDENCES SENT TO THE ADDRESS SHOWN AT THE TOP OF THIS LETTER, OR THE CORRECTION MADE ON THE FORM. ENCLOSED IS A CHECK FOR THE ACTUAL REINSTATEMENT, & ALSO THE \$8.75 FOR THE CERTIFICATE OF STATUS FEE, TOTALING \$158.75. IF YOU HAVE ANY QUESTIONS REGARDING THIS SITUATION, PLEASE CALL ME @ 407-324-1133. THANK YOU FOR YOUR TIME.

SINCERELY,

AMIE WILLIAMS, OFFICE MANAGER

Amie Williams