PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
APPLICATION FLORIDA DEPARTMENT OF ST	I ·
PEINSTATEMENT Secretary of State	FILED
DOCUMENT # \$ 950000 49853	99 JAN 28 AH 9:21
Corporation Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA
EMG Electric, INC.	
Principal Place of Business 10441 Packing house Lane P.O. Box 2916	
Boxita Springs, Florida Bovita Springs, Fo	4
If above addresses are incorrect in any way. line through incorrect information and enter correction be 2. New Principal Office Address, If Applicable 3. New Marting Office Address, If Applicable	low.
Suite, Apt. #, etc. Suite, Apt. #, etc.	4. Date hicorporated or Qualified To Do Bassiness in Florida 06 / 07/95
City & State City & State	5 FELNumber Applied For Not Applied For
Zip Country Zip Country	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 Name of Officers Street Address of Each Officers Officer and/or Directors Officer and/or Directors	of Each
P/D Edmund M. Grannicki 10304 St Patri	Bowitu Spiness, FC 34135
1713 EMMONN MIT GRAMICKI	77110 34733
REINSTATEMENT 96-99 75-3/1/99	
	smoone2220309- 4
	90000021770140151- 4 -02/03/93-01038090 ***1200.00 ***1200.00
8. Name and Address of Current Registered Agent E.M. Grommick; Name Name	9. Name and Address of New Registered Agent Color Address of New Registered Agent
55 3rd Streed Street Add 510	SFrey S. Schelling Tress (P.O. Na Number is Not Acceptable) Tamiam; Trail North #142
	# . E to State Zip Code FL 34/03
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept Signature of Registered Agent REGISTER D AGENT MUST SIGN	t the obligations of Section 607.0505, F.S Date 01/25/99
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)	
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 filling 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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR	1-25-99 941-991-0394