

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066363

1. Corporation Name

EMANON, INC.

Principal Place of Business

36 FIRST CT SW
VERO BEACH FL 32962

Mailing Address

36 FIRST CT SW
VERO BEACH FL 32962

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1995

5. FEI Number

59-4434254

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	RENDEROZ, GAIL	36 FIRST CT SW	VERO BEACH FL 32962
DV	LEWIS, STEPHEN	805 FOXWELL	JOPPATOWNE MD 21085
DV	PATTERSON, NOREEN	159 SHANGRI-LA	LEXINGTON PARK MD
DVST	PATTERSON, NOREEN	506 HEATHCLIFF CT.	FAYETTEVILLE, NC 28303
DST	BOOTH, MICHAEL	404 CRESCENT DR	MELBOURNE FL 32904
	REMOVED <i>GR</i>		
DV	CARLEN, FRANK	313 BIGMOUNT COURT	ABINGDON MD
V	CARLEN, FRANK	313 BIGMOUNT COURT	ABINGDON, MD 21009

8. Name and Address of Current Registered Agent

RENDEROZ, GAIL P
36 FIRST CT SW
VERO BEACH FL 32962

9. Name and Address of New Registered Agent

Name 400002394764--7
Street Address (P.O. Box Number is Not Acceptable) 01/08/98 01115--001
Suite, Apt. #, Etc. *****8.75 *****8.75
City 400002394764--7
State Zip Code 01/08/98 FD 1115--002

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0401, 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 of Registered Agent *Gail P. Renderoz*
Gail P. Renderoz, President
REGISTERED AGENT MUST SIGN

Date 12-30-97

11. This corporation owes or has paid 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 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:

Gail P. Renderoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-30-97 5615628712

CR2E040 (8/97)