

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 15 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072690

1. Corporation Name

EMPLOYEE MANAGEMENT CONCEPTS, INC.

Principal Place of Business

160 S.W. 12TH AVENUE, SUITE 103A
DEERFIELD BEACH FL 33442
US

Mailing Address

160 S.W. 12TH AVENUE, SUITE 103A
DEERFIELD BEACH FL 33442
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1995

5. FEI Number

65-0609146

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 3	City / State / Zip 4
P	HUCKS, RANDOLPH E	3350 NW 22ND TERR, #300-B 160 S.W. 12th Ave 103A	POMPANO BEACH FL 33069 Deerfield Beach 33442
VP	MACEACHRON, JOHN	3350 NW 22ND TERR, #300-B 160 S.W. 12th Ave 103A	POMPANO BEACH FL 33069 Deerfield Beach 33442
			600003796366--1 -03/02/01--01079--028 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

HUCKS, RANDOLPH E
3350 NW 22ND TERR
SUITE 300-B
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name
Hucks, Randolph E
Street Address (P.O. Box Number is Not Acceptable)
160 S.W. 12th Ave.
Suite, Apt. #, Etc.
103A
City
Deerfield Beach
State
FL
Zip Code
33442

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

REGISTERED AGENT MUST SIGN

Date 02/13/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/03/01 954 420-3962