

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -8 AM 9:19

SECRET / OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000083271**

1. Corporation Name

e- Market, Incorporated

400015320724
05/20/03--01045--017 **150.00

2. Principal Office Address

715 Centenary Loop

Suite, Apt. #, etc.

201

City & State

Lake Mary FL

Zip

32746

Country

USA

3. Mailing Office Address

4044 W Lake Mary Blvd

Suite, Apt. #, etc.

Unit 104-275

City & State

Lake Mary FL

Zip

32746

Country

400015320724

04/04/03--01060--005 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/95

5. FEI Number

65-0630256

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Allen McDaniel

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

4044 W Lake Mary Blvd 104-275

Suite, Apt. #, Etc.

104-275

City

Lake Mary FL

State

FL

Zip Code

32746

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

Allen W. McDaniel

REGISTERED AGENT MUST SIGN

Date

3/12/03

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
Pres	Allen W McDaniel	4044 W Lake Mary Blvd 104-275	Lake Mary FL 32746
Sft	Alice P McDaniel	4044 W Lake Mary Blvd 104-275	Lake Mary FL 32746

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:

Allen W. McDaniel

ALLEN W. MCDANIEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03
Date

407-688-7998
Daytime Phone #

CR2E081 (10/02)

282

e-Market, Incorporated

Uniform Business Report
Divisions of Corporations
P.O. Box-1500
Tallahassee, FL 32302-1500

February 22, 2003

To Whom It May Concern:

As per instruction of your office we are filing the UBR and enclosed please find a check in the amount of \$150.00.

Due to a change of address we did not receive the 2002 forms notifying us to file.

We greatly appreciate your assistance in this matter.

Thank you,



Alice McDaniel
e-Market Incorporated
Secretary/Treasurer