

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 17 AM 10:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # <u>PA5000088887</u>																																	
1. Corporation Name <u>Emjay International, Inc.</u>																																	
Principal Place of Business <u>2876 Old Castle Dr.</u> <u>Winter Park, FL 32792</u>		Mailing Address <u>Same</u>		REINSTATEMENT <u>96-97</u>																													
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																	
2. New Principal Office Address, If Applicable <u>N/A</u>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>11-20-95</u>																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-3346482</u>																													
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																													
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
Country		Country																															
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>President</td><td>Michael J. Walter</td><td>2876 Old Castle Dr. Winter Park, FL 32792</td><td>200002150402--0 -04/22/97--01041--001 *****915.00 *****915.00</td></tr><tr><td>Secretary</td><td>Vickey A. Shedlock</td><td>14962 Fawcett Cir</td><td>Orlando, FL 32826 200002150402--0 -04/22/97--01041--002 *****8.75 *****8.75</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	1	2	3	4	President	Michael J. Walter	2876 Old Castle Dr. Winter Park, FL 32792	200002150402--0 -04/22/97--01041--001 *****915.00 *****915.00	Secretary	Vickey A. Shedlock	14962 Fawcett Cir	Orlando, FL 32826 200002150402--0 -04/22/97--01041--002 *****8.75 *****8.75												
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8. Name and Address of Current Registered Agent <u>Michael J. Walter</u> <u>2876 Old Castle Dr.</u> <u>Winter Park, FL 32826</u>			9. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> 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 <u>[Signature]</u> Date <u>4-14-97</u> REGISTERED AGENT MUST SIGN																																	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>Vickey A. Shedlock</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-14-97</u> (407) Daytime Phone # <u>673-3350</u>																													

CR2E040 (12/96)