

(((H04000169352 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 19 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091998

1. Corporation Name

Emerson MOB, Inc.

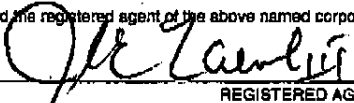
2. Principal Office Address 7216 Secret Woods Court		3. Mailing Office Address 7216 Secret Woods Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32216	Country USA	Zip 32216	Country USA

4. Data Incorporated or Qualified To Do Business in Florida 11/30/1995	
5. FEI Number 59-3352157	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent	
Name John E. Lawlor, III	
Street Address (P.O. Box Number is Not Acceptable) One Independent Drive	
Suite, Apt. #, Etc. Suite 2600	
City Jacksonville	State FL
	Zip Code 32202

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

REGISTERED AGENT MUST SIGN

Date

8/16/04

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
PT	Mitchell R. Lewis	7216 Secret Woods Court	Jacksonville, FL 32216
DVPS	Dolores Lewis	5043 Mariners Point Drive	Jacksonville, FL 32225

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/04

Date

904 613-3424

Daytime Phone #

CREATED 10/10/04

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
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CORPORATION REINSTATEMENT

EMERSON MOB, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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