1 of 2

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091998

1. Corporation Name
Emerson MOB, Inc.

REINSTATEMENT 01-04

2. Principal Office Address		3. Mailing Office Address	
7216 Secret Woods Court		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. Date 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

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: JE Lawlor III — Date: 8/16/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Doloris 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] — 8/16/04 — 904 613-3424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

EMERSON MOB, INC.

Certificate of Status	0
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