PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -5 AM 8:00

DOCUMENT # P96000009030

1. Corporation Name

Emerald - Cedar Hills, Inc.

REINSTATEMENT 03-04
MRD

2. Principal Office Address

211 Sabine Dr.

Suite, Apt. #, etc.

City & State

Pensacola Beach, FL

Zip	Country
32561	USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number	Applied For
59-3356806	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

R. Brent Maggio

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

211 Sabine Dr.

Suite, Apt. #, Etc.

900029965299
03/05/04--01069--010 **75.00

City	State	Zip Code
Pensacola Beach	FL	32561

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 12/29/03

CR2E081 (10/02)

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
D	R. Brent Maggio	211 Sabine Dr.	Pensacola Beach, FL 32561

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: _____ 12/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #