PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -4 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037843

1. Corporate Name
Emerald Isle Medical Services Inc. W99-17357

Principal Place of Business / Mailing Address
7701 NW 37th St.
Hollywood Fla 33024

REINSTATEMENT 97-99P

If any of the information is incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Hollywood Fla 33024
Country U.S.A.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0668695
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number(s))	City / State / Zip
Pres. M.J. CALLAHAN	7701 NW 37th St	Hollywood Fla 33024
V.P. Margaret Callahan	same as above	

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***1050.00 ***1058.75

M. Joseph Callahan (No Changes) Unchanged ✓

8. Name and Address of Current Registered Agent
~~Emerald Isle Med Services~~
M. Joseph Callahan
as above
7701 NW 37th St.
Hollywood Fla 33024

9. Name and Address of New Registered Agent
Name ~~Emerald Isle Med Serv~~
Street Address (P.O. Box Number is Not Acceptable) ~~7701 NW 37th St.~~
Suite, Apt. #, Etc. ~~Hollywood~~
City ~~Hollywood~~ State FL Zip Code ~~33024~~

CR2E081 (12/98)

I hereby certify that I am the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature M. Joseph Callahan
REGISTERED AGENT MUST SIGN
Date 6-28-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐
(See other side for information on intangible tax.)

I hereby certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this application for reinstatement 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 due 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.

KE

SIGNATURE: M. Joseph Callahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6-28-99
Daytime Phone # (954) 797-0386