
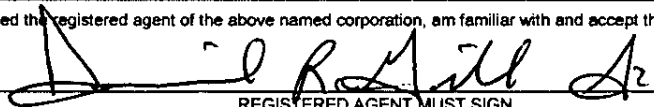
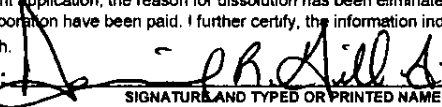


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2010 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 MAR 11 AM 9:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 300171870453 03/11/10--01025--021 **150.00 CR2E081 (11/09)	
DOCUMENT # P97000075149					
1. Corporation Name Emerald Cabinets, Inc					
2. Principal Office Address - No P.O. Box # 7727 McElvey Rd			3. Mailing Office Address 7727 McElvey Rd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Panama City Beach			City & State Panama City Beach		
Zip 32408	Country Bay	Zip 32408	Country Bay	4. Date Incorporated or Qualified To Do Business in Florida 1996	
				5. FEI Number 59-3466796	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Daniel R Gill Sr					
Street Address (P.O. Box Number is Not Acceptable) 3045 W 30th Ct					
Suite, Apt. #, Etc.					
City Panama City			State FL	Zip Code 32405	
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  Date 3-10-10					
REGISTERED AGENT MUST SIGN					
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	
P	Gill, Daniel	7727 McElvey Rd		Panama City Beach, Fl. 32408	
10. E-mail Address: dangill@emeraldcabinets.net, marygill@emeraldcabinets.net <small>(To be used for future annual report notification)</small>					
11. 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. I further certify, 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: 		Daniel R Gill Sr		3-10-10	850 233 4499
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	<small>Daytime Phone #</small>