PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 ... 10:30

REINSTATEMENT 06-99

DOCUMENT # P97000103547

1. Corporation Name

EMS REAL ESTATE, INC.

Principal Place of Business

600 GULF BOULEVARD
BELLEAIR SHORES, FLORIDA 33678

Mailing Address
same

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
1120 Belcher Road South
Suite, Apt #, etc.
City & State
Largo, Florida
Zip 33771 Country USA

3. New Mailing Office Address, If Applicable
1120 Belcher Road South
Suite, Apt #, etc.
City & State
Largo, Florida
Zip 33771 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/9/97

5. FEI Number 59-3488590 Applied For / Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	EARL M. SLOSBERG	1120 Belcher Road South	Largo, Florida 33771

800001280138-8
-03/10/99--01102--002
****900.00 ****900.00

8. Name and Address of Current Registered Agent

William K. Lovelace, Esquire
2310 West Bay Drive
Largo, Florida 33770

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, Etc.
City State FL Zip Code

3/9/99

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date

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

12. 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: Earl M. Slosberg, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99
Date

Daytime Phone #