




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 AUG -2 PM 1:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 199 0000 68621					
1. Corporation Name Estate Management Professionals, Inc.					
2. Principal Office Address 9174 Sloane Court			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando, FL.			City & State		
Zip 32827	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 7/28/99	
5. FEI Number 59-3599622				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Donald Byron McIntosh					
Street Address (P.O. Box Number is Not Acceptable) 9174 Sloane Court					
Suite, Apt. #, Etc.					
City Orlando					
State FL Zip Code 32827					
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 7/20/05	
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	
President	Donald Byron McIntosh	9174 Sloane Court		Orlando, FL. 32827	
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: 				7/20/05 (407) 230-9848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #

CR2E081 (01/05)

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ESTATE MANAGEMENT PROFESSIONALS, INC.

July 20th, 2005.

Dear Sirs:

I was divorced in 2003, and changed my address in 2002. My ex-wife did the books for the company, and I was unaware until recently that the corporation had been dissolved. On July 19th I spoke with the Reinstatement Office. I am enclosing a check for 600⁰⁰, which represents the past due fees since 2002, less the reinstatement fee, which I was told would be waived.

Please reinstate my company as soon as possible.

Thank you very much

Wynne Smith, President