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941- 546-6533 Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORAT ISTATEM	v			DEPARTM Katherine Secretary of SION OF COR	of State	ATE	01		LED 9 PM			
DOCUMENT # \36797 I. Corporation Name UAN Emmerik Construction, Inc.								01 FEB -9 PM 1: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
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,	al Office Addr	_	مدد	3. Mailing Office Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.									
	!						Ī	4. Date Incorp					
City & State			· · · · · · · · · · · · · · · · · · ·	City & State	,					uda Mit	<u>ly 11,</u>	1993	
Cape	, Cora	e, Э	lorida					5. FEI Numbe		=11		<u> </u>	Applicable
ip		Country		Zip	(Country		6	5 <u>333</u>		1 \$8.75	1.0	Fee required
3391	14	LE	E					CERTIFICATE	OF STATU	S DESIRED			of Status
Christo Dher L. Van Emmerik Street Address (P.O. Box Number is Not Acceptable) 4334 Sw 7th Place Suite, Apt. #, Etc. City CAPE CORAL FLORIDA 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. Ignature of egistered Agent REGISTERED AGENT MUST SIGN													
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at l								st 3 directors)	<u> </u>				
Titles	Name of Officers and/or Directors			·	Street Address of Each Officer and/or Director				City / State / Zip				
P	Chris	tophe	er Van C	mmERIK	<u>4324</u>	5w 7th	Plac	E	CAPE	CORA	I, Eli	<u>а 33</u>	914
IP	Deani	<u>ua u</u>	an Emm	erik_	4334 :	Sw 7th	Plac	E	CAPE	Corn	1, F1	A 33	914
									000 *	037- 2/22/0 : *****8. 903 - 02/22/ ***105	1 01 (.75) 12(****** 8 31 1012-	<u></u> [
this rei	nstatement a	pptication,	the reason for diss been paid and the	solution has beer names of individ	n eliminated, th luats listed on t	xecute this applica e corporate name his form do not qui	satisfies th alify for an	ne requirements	of section	607.0401 or	617.0401,	F.S., that	all fees