

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAY 19 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600123780756  
04/16/08--01041--015 \*\*416.25

CR2E041 (12/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

LO5000114918

1. Limited Liability Company's Name

EMICHA CONSULTING LLC

2. Principal Office Address - No P.O. Box #

14600 SW 98TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33176

Country

USA

3. Mailing Office Address

100 NORTH BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 500

City & State

MIAMI, FLORIDA

Zip

33132

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

11/28/2005

6. FEI Number

20-3911656

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JADE ASSOCIATES MIAMI, INC

Street Address (P.O. Box Number is Not Acceptable)

100 NORTH BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

SUITE 500

City

MIAMI

State  
FL

Zip Code  
33132

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03/27/2008

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SERGE RAYNAUD	14600 SW 98TH AVENUE	MIAMI, FLORIDA 33176

REINSTATEMENT

2006-2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date 05/12/08 Daytime Phone #

Typed or printed name of signing Managing Member/Manager