

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV 13 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000011207 1. Entity Name EMANUELLA INC.			
Principal Place of Business 2069 SOUTH TAMiami TRAIL VENICE, FL 34293		Mailing Address 2069 SOUTH TAMiami TRAIL VENICE, FL 34293	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1508 Palmetto Palm Way Suite, Apt. #, etc. North Port City & State FL Zip 34288	
City & State FL		Country Sarasota	
Zip 34288		Country Sarasota	
4. FEI Number 42-1658227		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KONYALIOGLU, PAULA 1508 PALMETTO PALM WAY NORTH PORT, FL 34288		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 11-6-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/NP CARMICHAEL, BAHAR 4237 IRDELL TERR. NORTH PORT, FL 34288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 700081740247 11/13/06--01044--01E **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMICHAEL, BAHAR 4237 IRDELL TERR. NORTH PORT, FL 34288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CERVELLO, MAXINE 1508 PALMETTO PALM WAY NORTH PORT, FL 34288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S KONYALIOGLU, PAULA 1508 PALMETTO PALM WAY NORTH PORT, FL 34288	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 9/11/06 Daytime Phone #: 780-2586	

11/15/06