

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037546

1. Corporation Name

MIKE & EMI, INC.

Principal Place of Business

4130 PINE GLADES ROAD
WEST PALM BEACH FL 33406

Mailing Address

4130 PINE GLADES ROAD
WEST PALM BEACH FL 33406

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

2. New Principal Office Address, If Applicable

4715 N CONGRESS AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/2001

5. FEI Number

65-1107004

Applied For

Not Applicable

City & State

BOYNTON BEACH FL

City & State

Zip

33426

Country

USA

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	SATURNO, MICHAEL	4130 PINE GLADES ROAD	WEST PALM BEACH FL 33406
SVD	SATURNO, EMI	4130 PINE GLADES ROAD	WEST PALM BEACH FL 33406

900008947269
11/13/02--01014--017 **150.00

8. Name and Address of Current Registered Agent

SATURNO, MICHAEL
4130 PINE GLADES ROAD
WEST PALM BEACH FL 33406

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-02

Date

561-968-4449

Daytime Phone #

EmbroidMe

4715 North Congress Ave., Boynton Beach, FL 33426
561-968-4449 • Fax 561-968-4343

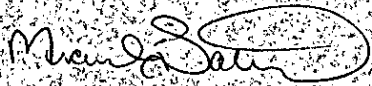
November 7, 2002

To Whom It May Concern:

I received a Notice of Administrative Dissolution or Revocation. I called your office to find out the meaning of this notification. I was informed that I should have received a notice prior to this one, which would have been for the \$150 annual report/uniform business report. I explained that I have only been in business a little over a year, and that I don not recall getting any such notice for a \$150 fee. I was asked to put this information in writing and send it, along with \$150 to this office in hopes of it being accepted. Part of the reason I may not have received the first notice is that it appears correspondence from your office have been sent to my home, not my business. I have changed the address to reflect my business address.

If you have any questions, please feel free to let me know.

Sincerely,



Michael Saturno