

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G 87140**

1. Corporation Name

EDMA ENTERPRISES, INC.
224 SW 22 AVE
MIAMI, FL 33125

2. Principal Office Address

224 SW 22 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125 USA

3. Mailing Office Address

224 SW 22 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33125 USA

FILED

05 APR -5 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2357836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JORGE H. RAMON DA

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

150 ALHAMBRA CIRCLE SUITE 1150

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-4-05

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
P	EDUARDO R. MARAVITA	520 S.W. 25th St.	MIAMI, FL 33129
T	EDUARDO J. MARAVITA	420 SW 22nd St.	MIAMI, FL 33129
S	MARCIA V. MARAVITA	4412 ALHAMBRA CIRCLE	CORAL GABLES, FL 33134
			<i>[Signature]</i>

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 301-642-9937

Date

Daytime Phone #

Edma Enterprises, Inc.
224 SW 22nd Avenue
Miami, Fl 33135
305-642-9930

April 4, 2005

*To: Florida Department Of State
Division Of Corporations*

*From: Edma Enterprises, Inc.
224 SW 22nd Avenue
Miami, Fl 33135*


Ref: Late Filing Penalty

Sirs:

I am hereby enclosing payment for 2003, 2004 and 2005 for the Corporation Annual reports.

I kindly request abatement of the \$ 600.00 filing penalty due to the fact that the reports were never delivered by the post office to our address. If you could grant us this favor we will be forever in your debt.

Sincerely


Eduardo Marabotto
President