

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H61946

1. Corporation Name

EMLN ASSOCIATES INCORPORATED

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

2406 OCEAN DR

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32963

Country

US

3. Mailing Office Address

2406 OCEAN DR

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32963

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/12/1985

5. FEI Number

59-2547860

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

THEODORE E. GORDON

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

2406 OCEAN DR

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32963

☒ The 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 reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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
PD	THEODORE E. GORDON	2406 OCEAN DR	VERO BEACH, FL 32963
SD	ELIZABETH S. GORDON	2406 OCEAN DR	VERO BEACH, FL 32963

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE E. GORDON

Date

Daytime Phone #

FILED
07 JUN 25 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (1/07)

03-07

B 6/27/07

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07/03/07 01052 006 **750.00