

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 14 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K69803

1. Corporation Name

EM-AL ENTERPRISES, INC.
d/b/a EM-AL CURENCY

2. Principal Office Address

18495 SOUTH DIXIE HWY

Suite, Apt. #, etc.

347

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

3. Mailing Office Address

18495 SOUTH DIXIE HWY

Suite, Apt. #, etc.

347

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/02/1989

5. FEI Number

650201771

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

CATHERINE A RICH

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

18495 SOUTH DIXIE HWY

Suite, Apt. #, Etc.

347

City

MIAMI

State
FL

Zip Code
33157

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 06/02/2006

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
P/S	CATHERINE A RICH	18495 SOUTH DIXIE HWY, #347	MIAMI, FLORIDA 33157
VP	JUAN HERNANDEZ	18495 SOUTH DIXIE HWY, #347	MIAMI, FLORIDA 33157
T	ALEXIS EMELINE	18495 SOUTH DIXIE HWY, #347	MIAMI, FLORIDA 33157

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06/21/06--01016--017 **2860.00

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)(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:

06/02/2006

305-229-9332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)