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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

L01000007763

FILED
 DIVISION OF CORPORATIONS

1. DOCUMENT # L01000007763

Name and Mailing Address

03 OCT -9 PM 2:54

10/22

0003791 01 FP 0.352 **PRSR T2 0 0615 33404-371751

EMB INVESTMENT FIRM, LLC

451 W 31ST ST

RIVIERA BEACH FL 33404-3717

100023666971
 10/09/03--01050--011 **200.00



REINSTATEMENT

2002-2003

2. New Mailing Address 6263-5 RIVERWALK LANE		4. State/Country of Formation FL	
City, State, Zip JUPITER, FL 33458		5. Date Organized or Qualified To Do Business in Florida 05/16/2001	
Principal Place of Business 451 W 31ST ST RIVIERA BEACH FL 33404	3. New Principal Place of Business Address 6263-5 RIVERWALK LN.	6. FEI Number 65-1104483	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip JUPITER, FL 33458		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent BROWN, MARK G 100 AVE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418		9. Name and Address of New Registered Agent Name MARK G. BROWN SR. Street Address (P.O. Box Number is Not Acceptable) 6263-5 RIVERWALK LN. City JUPITER FL 33458	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent [Signature] Date 10-6-2003 REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MARK G. BROWN SR.	6263-5 RIVERWALK LN. JUPITER, FL 33458	JUPITER, FL 33458
REINSTATEMENT 2002-2003			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **[Signature]** Date **10-6-2003** Daytime Phone # **561-301-1772**

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)