

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:08

DOCUMENT # L01000014205

1. Limited Liability Company's Name

EMA ENTERPRISES, LLC

2. Principal Office Address

5135 W. Cypress Ave

Suite, Apt. #, etc.

Suite 104

City & State

Tampa Florida

Zip

33607

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

8/20/01

6. FEI Number

59-3741242

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael W. Zazzero Matthew W. Zazzero

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

5135 W. Cypress Ave

Suite, Apt. #, Etc.

Suite 104

City

Tampa

State

FL

Zip Code

33607

9. 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

Matthew W. Zazzero
REGISTERED AGENT MUST SIGN

Date

3-13-06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Matthew W. Zazzero	5135 W. Cypress Ave, Ste 104	Tampa, FL 33607
Mgr	Michael Namey	5135 W. Cypress Ave, Ste 104	Tampa, FL 33607
		400069535054 04/05/06--01032--010 **250.00	
		REINSTATEMENT 04-06	

11. 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

Michael Namey

Date

3/1/06

Daytime Phone #

813/874-2900

Typed or printed name of signing Managing Member/Manager