

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JAN 14 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000015885

1. Corporation Name

1025 Emma, LLC

1009 Simonton St

1009 Simonton St

2. Principal Office Address

1009 Simonton St

Suite, Apt. #, etc.

3. Mailing Office Address

1009 Simonton St

Suite, Apt. #, etc.

City & State

Key West FL

City & State

Key West FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/01/2003

5. FEI Number

32-0136121

☒ 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

Gary P Burchfield

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

1009 Simonton St

Suite, Apt. #, Etc.

City

Key West

State
FL

Zip Code
33040

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

12/29/04

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
MGRM	Gary Burchfield	1009 SIMONTON ST.	Key West FL 33040
MGRM	Barbara Marcus	720 Washington St	Key West FL 33040

REINSTATEMENT 04

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01/11/05--01024--015 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/04

Daytime Phone #

CR2E081 (01/04)