

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 DEC 21 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

L05000101843 EMTI Investments, LLC.

2. Principal Office Address - No P.O. Box #
8045 NW 36 Street

Suite, Apt. #, etc.
Suite #506-A

City & State
Miami, Florida

Zip
33166

Country
USA

3. Mailing Office Address
PO BOX 226528

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33166

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **10/14/2005**

6. FEI Number
02-0754424

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
Enrique Tawachi

Street Address (P.O. Box Number is Not Acceptable)
8045 NW 36 Street

Suite, Apt. #, Etc.
Suite #506-A

City
Miami, Florida

State
FL

Zip Code
33166

☒ A \$100 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 \$100
reinstatement be waived.

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

Date **12/12/2007**

REGISTERED AGENT MUST SIGN

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
PD	Enrique Tawachi	8045 NW 36 Street Suite #506A	Miami, Florida 33166
			400115860684 01/23/08--01018--001 **100.00
			L. SELLERS
			JAN 16 2008
			REINSTATEMENT <i>06-07</i>
			EXAMINER

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

Date **12/12/2007**

Daytime Phone # **786-597-1204**

Typed or printed name of signing Managing Member/Manager

ENRIQUE TAWACHI