

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000118956

1. Corporation Name

EMJ LLC

2. Principal Office Address - No P.O. Box #

1680 MICHIGAN AVENUE

Suite, Apt. #, etc.

1016

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

1680 MICHIGAN AVENUE

Suite, Apt. #, etc.

1016

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

FILED

08 JUN 12 PM 1:15

TALLAHASSEE, FLORIDA

700131389647

06/17/08--01004--010 \*\*416.25

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/2005

5. FEI Number

☒ 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

ALBERT J. LAZO, P.A.

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

1680 MICHIGAN AVENUE

Suite, Apt. #, Etc.

1016

City

MIAMI BEACH

State

FL

Zip Code

33139

☒ The 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 reinstatement fee be waived.

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 4-30-2008

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
MGR	JOSE DIAZ	1680 MICHIGAN AVENUE, #1016	MIAMI BEACH, FL 33139
MGR	CARLOS MAURICIO NAVARRO	1680 MICHIGAN AVENUE, #1016	MIAMI BEACH, FL 33139
MGR	EDUARDO NARANJO	1680 MICHIGAN AVENUE, #1016	MIAMI BEACH, FL 33139

REINSTATEMENT 2006-2008

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 contained in Chapter 119, 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

4-30-2008

Date

Daytime Phone #