

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000093900

1. Limited Liability Company's Name

EMAUS HOME DECOR, LLC

W09-110525

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

11891 Royal Palm Blvd

Suite, Apt. #, etc.

Apt 103

City & State

Coral Springs, FL

Zip

33065

Country

Broward

3. Mailing Office Address

11891 Royal Palm Blvd

Suite, Apt. #, etc.

Apt 103

City & State

Coral Springs, FL

Zip

33065

Country

Broward

4. State/Country of Formation
Florida, US

**5. Date Organized or Qualified
To Do Business in Florida** 09/25/2006

6. FEI Number
20-5608744

☐ 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

Maricely Morales

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

11891 Royal Palm Blvd

Suite, Apt. #, Etc.

Apt 103

City

Coral Springs

State

FL

Zip Code

33065

☒ 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

Maricely Morales

REGISTERED AGENT MUST SIGN

Date 03/31/09

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
MGRM	Maricely Morales	11891 Royal Palm Blvd	Coral Springs, FL 33065
MGR	Hernan Castro	11891 Royal Palm Blvd	Coral Springs, FL 33065

REINSTATEMENT 07-09

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

Maricely Morales

Date 03/31/09

Daytime Phone # 954-588-9367

Typed or printed name of signing Managing Member/Manager