

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2020 SEP 22 PM 12:07

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M15000008538**

1. Limited Liability Company's Name

EMIAD, LLC

100852532821
09/22/20--01015--008 --916.25

CR25041 (1/14)

2. Principal Office Address - No P.O. Box		3. Mailing Office Address	
5300 Broken Sound Blvd NW		Same	
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc.	
City & State Boca Raton		City & State	
Zip 33487	Country USA	Zip	Country

4. State/Country of Formation DE	
5. Date Organized or Canceled To Do Business in Florida 10/27/2015	
6. FE Number 47-5325444	Applied For ☐ Not Applicable ☐
7. CERTIFICATE OF STATUS DESIRED ☐	

8. Name and Address of Current Registered Agent

Name
Paracore Incorporated
Street Address (P.O. Box Number is Not Acceptable) Suite,
155 Office Plaza Dr.
Apt. #, etc.
1st Floor
City
Tallahassee State
FL Zip Code
32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent **Jody Mous, Assistant Secretary**
REGISTERED AGENT MUST SIGN

Date **9/8/2020**

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
mgr	Jeffrey Levitate	5300 Broken Sound Blvd NW, Ste 110	Boca Raton, FL 33487
AR/ Pres	Alan Rutner	5300 Broken Sound Blvd NW, Ste 110	Boca Raton, FL 33487

REINSTATEMENT

SEP 22 2020

R. HUNT

11. E-mail Address: **jessica@jmwlawoffices.com**

(Type used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.106, F.S.

Signature of authorized representative/member

Date

City/State/Phone #

Typed or printed name of signing authorized representative/member

Alan Rutner

9/8/2020

941-994-9360