

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 24 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P000000005494

**1. Corporation Name**

EME JOTA, Inc.  
2333 Brickell Ave #1907  
Miami, FL 33129

**2. Principal Office Address**

2333 Brickell Ave

Suite, Apt. #, etc.

1907

City & State

Miami FL

Zip

33129

Country

USA

**3. Mailing Office Address**

11 Island Dr

Suite, Apt. #, etc.

510

City & State

Miami Beach FL

Zip

33139

Country

USA

**REINSTATEMENT 02-03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/2000

**5. FEI Number**

32-0098422

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

Ada Herandi

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

11 Island Drive Apt 510

Suite, Apt. #, Etc.

Apt 510

City

Miami Beach

State

FL

Zip Code

33139

**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

Ada Herandi

REGISTERED AGENT MUST SIGN

Date 11/17/03

**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
P	Maria J. Stolk	2333 Brickell Ave #1907	Miami, FL 33129
D	Maria Begona Stolk	2333 Brickell Ave #1907	Miami, FL 33129
TD	Cecilia Stolk DeParra	2333 Brickell Ave #1907	Miami, FL 33129

**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:

Maria Begona Stolk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/03

Date

305-8564858

Daytime Phone #

CR2E081 (10/02)