

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 # P00000005494

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

2. Principal Office Address
2333 Brickell Ave

3. Mailing Office Address
11 Island Dr

Suite, Apt. #, etc.
1907

Suite, Apt. #, etc.
510

City & State
Miami FL

City & State
Miami Beach FL

Zip Country
33129 USA

Zip Country
33139 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 Date 11/17/03
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
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 Date 11/17/03 Daytime Phone # 305-8564858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)