

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -4 AM 9:28

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

10000010513

Emily's Deli Shop Inc.

2. Principal Office Address

204-8 NE 1ST STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33132

Country

DAVE

3. Mailing Office Address

204-8 NE 1ST STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33132

Country

DAVE

4. Date Incorporated or Qualified  
To Do Business in Florida

1-31-2000

5. FEI Number

65-1131056-262412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Euclides R. Pimenton

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

18910 W OAKMONT DRIVE

Suite, Apt. #, Etc.

House

City

MIAMI

State

FL

Zip Code

33015

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5-30-02

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
PS	MARIA H. PIMENTA	18910 W OAKMONT DRIVE	MIAMI FL. 33015
V.P.D.	Euclides R. Pimenton	18910 W OAKMONT DRIVE	MIAMI FL. 33015

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-02

Date

305-375-0013

Daytime Phone #

CR2E081 (9/01)

5/24/2002

To : FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State ( Division of Corporations )

Ref: EMILY'S DELI SHOP Inc.  
204 / 8 NE FIRST STREET  
MIAMI FL, 33132

Dear Friends; I'm sending this letter, to let you know, that I Don't received 2001 Report, because the address where you sent it was wrong.

Now I'm requesting a new activation for my Corporation. And I'm sending the total fee of \$300.00 for the new reinstatement. And I'm also sending \$ 8.75 for a certificate of status .

The name of the Corporation is: EMILY'S DELI SHOP INC.  
FEI Number 65-1131056- 262412

Sincerely,

  
MARIA M. PIMIENTA  
Presidenta