

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC 29 AM 8:57

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P0000000029439

1. Corporation Name

EME Enterprises, Inc.

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

18181 N.E. 31 Ct.

3. Mailing Office Address

c/o 1313 Ponce de Leon Blvd.

Suite, Apt. #, etc.

#801

Suite, Apt. #, etc.

#301

City & State

No. Miami Beach, Florida

City & State

Coral Gables, FL.

Zip

33160

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/17/00

5. FEI Number

65-1065961

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

Ernesto Sanchez, Esq.

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

1313 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

Suite 301

City

Coral Gables

State

FL

Zip Code

33134

☐ The 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 reinstatement fee be waived.

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

*Ernesto Sanchez*

Date

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
D	Manuel Kuba	18181 N.E. 31 Ct. #801	No. Miami Beach, FL 33160
D	Eugenia Kuba	18181 N.E. 31 Ct. #801	No. Miami Beach, FL 33160
D	Edith Motola	18181 N.E. 31 Ct. #801	No. Miami Beach, FL 33160

**REINSTATEMENT** 05-08ks

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 contained in Chapter 119, 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:

*Eugenia Kuba*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/2008

Date

Daytime Phone #