

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000088189

1. Corporation Name

E.M.I. CORPORATION

Principal Place of Business

Mailing Address

8320 W SUNRISE BLVD #114
PLANTATION FL 33322

8320 W SUNRISE BLVD #114
PLANTATION FL 33322

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/2000

5. FEI Number

65-1049245

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MNOOKIN, BARRY	8320 W SUNRISE BLVD #114	PLANTATION FL 33322
D	MNOOKIN, SUSAN	8320 W SUNRISE BLVD #114	PLANTATION FL 33322

300004672463--6
-11/08/01--01045-025
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MNOOKIN, BARRY
8320 W SUNRISE BLVD #114
PLANTATION FL 33322

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barry Mnookin
REGISTERED AGENT MUST SIGN

Date

10/15/01 MK

11. 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:

Barry Mnookin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 954-522-8087

CR20040 (8/01)

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American Dry Cleaners

8320 W. Sunrise Blvd. Suite 114 ~ Plantation, Florida 33322
Phone 954-424-4537 ~ Fax 954-572-9867

October 15, 2001

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir,

We established this corporation E.M.I. d/b/a American Dry Cleaners in September 2000. Since we have been in business we have not received any notices from the division of corporations at any time. I did not know I was supposed to file as this is our first year. I called when I received this notice and I was told to write this letter and send \$150.00. I am enclosing the \$150.00 as I was instructed to do so.

Thank you,

Barry Mnookin
President