

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC 12 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088189

1. Corporation Name

E.M.I. CORPORATION

2. Principal Office Address

8320 W SUNRISE BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

33322

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9-18-2000

5. FEI Number

65-1049245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

4080

**7. Name and Address of Current Registered Agent**

Name

MARLON THOMPSON

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

8320 W SUNRISE BLVD

Suite, Apt. #, Etc.

114

City

PLANTATION

State

FL

Zip Code

33322

000081955620

11/20/06--01050--007 \*\*450.00

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

REGISTERED AGENT MUST SIGN

Date

6/26/06

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	MARLON THOMPSON	8320 W SUNRISE BLVD	PLANTATION, FL 33322

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/06

Daytime Phone #

2/2

EMI CORPORATION.  
8320 W SUNRISE BLVD  
# 114  
PLANTATION, FL 33322

May 2, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: EMI Corporation  
ID#: 65-1049245

Dear Sir or Madam:

The above corporation has been dissolved per your records due to non-payment of a uniform business report for years 2004, 2005 and 2006. I have never received any forms from you and was unaware this was due. If I had received any notices in the mail, I would have paid them promptly.

I am asking you to waive the penalties on this. I have enclosed a check for \$450.00 for the years 2004, 2005 and 2006.

Thank you for your consideration.

  
Marlon Thompson