

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 10 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102556

1. Corporation Name

EMERALD REALTY, CO.

600007982846--7  
-09/24/02--01042--030  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

2. Principal Office Address

CORPORATE OFFICE

3. Mailing Office Address

EMERALD REALTY CO.  
C/O MYRNA RIVERA

Suite, Apt. #, etc.

120 E. OAKLAND PARK BLVD.  
SUITE 105, PMB BOX 806

Suite, Apt. #, etc.

3997 NIGHTHAWK DRIVE

City & State

FT. LAUDERDALE, FLORIDA

City & State

WESTON, FLORIDA

Zip

33334

Country BROWARD

USA

Zip

33331

Country BROWARD

USA

2001-2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida

NOVEMBER 1, 2000

5. FEI Number

65-1062067

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

MYRNA CRISTINA LOUBRIEL RIVERA

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

3997 NIGHTHAWK DRIVE

600007982846--7

-09/24/02--01042--031

Suite, Apt. #, Etc.

N/A

\*\*\*\*300.00 \*\*\*\*300.00

City

WESTON,

State

FL

Zip Code

33331

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

*Myrna Cristina Loubriel Rivera*  
REGISTERED AGENT MUST SIGN

Date 9/4/02

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
P/D-T/S	MYRNA LOUBRIEL RIVERA	3997 NIGHTHAWK DRIVE	WESTON, FL 33331
C	RAMON RIVERA-OLIVIERI	3997 NIGHTHAWK DRIVE	WESTON, FL 33331
C	RAMON RIVERA-LOUBRIEL	3997 NIGHTHAWK DRIVE	WESTON, FL 33331

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.

MYRNA LOUBRIEL RIVERA

SIGNATURE:

*Myrna Loubriel Rivera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/02

Date

(954) 217-4815

Daytime Phone #

CR2E081 (9/01)

2 of 2

September 4, 2002

To: FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

From: HERALD REALTY, CO.  
c/o Myrna Loubriel-Rivera, President  
3997 Nighthawk Drive  
Weston, FL 33331  
Phone: (954) 217-4815

Re: Request for FEE WAIVER - PROFIT CORP

Previous notices of uniform business reports  
were not received.

Thank you for your cooperation.

Myrna Loubriel-Rivera