

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO/000034946

1. Corporation Name

EMAGINIT Technology Corp.

2. Principal Office Address

15375 SW 240 ST

Suite, Apt. #, etc.

City & State

HOME-STEAD, FL

Zip

33032

Country

USA

3. Mailing Office Address

PO BOX 700097

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33170-0097

Country

USA

000035552990
05/06/04--01012--016 **300.00

0-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/5/2001

5. FEI Number

65-1100058

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

EDUARDO GONZALEZ

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

1250 E. HALLANDALE BEACH BLVD.

Suite, Apt. #, Etc.

SUITE 1004

City

HALLANDALE

State
FL

Zip Code

33009

REINSTATEMENT

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

Date 4/29/04

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
<u>PRD</u>	<u>EDUARDO GONZALEZ</u>	<u>15375 SW 240 ST</u>	<u>Homestead, FL 33032</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

786-295-0644
Daytime Phone #

CR2E081 (01/04)

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April 29, 2004

To Whom It May Concern:

Enclosed please find the check for the amount of \$300.00 for EmaginIt Technology Corp. We filed last years filling on March 30, 2003 but the check has never cashed. In addition, we had not received any correspondence from the Dept. of State denoting that the corporation was put on In-Active status. When attempting to file this years annual report on-line we noticed that the corporation was put on In-Active Status. After speaking with someone at the Dept. of State via telephone they instructed us to send a letter denoting what has happened and include a re-payment for last year and this years payment for the annual report.

EmaginIt Technology Corp.
FEIN: 651100058
Document Number: P01000034946

If you have any questions please feel free to contact me at the number below.

Thanks,

Ed Gonzalez
President
EmaginIt Technology Corp.
786-295-0644