

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 16 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045873

1. Corporation Name

EMS INVESTMENT CORPORATION

Principal Place of Business

16380 NW 18TH STREET  
PEMBROKE PINES FL 33028

Mailing Address

16380 NW 18TH STREET  
PEMBROKE PINES FL 33028

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1110856

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
S	Michelle Sweeting	16380 NW 18th St P. Pine Fl 33028	

100021588961

07/16/03--01037--005 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWEETING, MICHELLE  
16380 NW 18TH STREET  
PEMBROKE PINES FL 33028

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

7-14-03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-03

Date

954-712-2859

Daytime Phone #

CR2040 (8/02)

To Whom It May Concern:

This is to inform you that I never received the renewal notice in the mail.  
I phone today and requested the address to overnight the payment for reinstatement.

I was told to send \$300.00 for reinstatement.

Please phone me with any questions.

A handwritten signature in black ink, appearing to read 'Michelle Sweeting', with a large, stylized initial 'M'.

Michelle Sweeting  
954-712-2859