

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *10/2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-01000097115*
1. Corporation Name
THE EMELIO GROUP, INC.

2. Principal Office Address <i>2450 S. MILITARY TRAIL</i> Suite, Apt. #, etc. <i>SUITE 10</i> City & State <i>WEST PALM BEACH, FL</i> Zip <i>33415</i>		Country <i>U.S.A.</i>		3. Mailing Office Address <i>4630 N. UNIVERSITY DR</i> Suite, Apt. #, etc. <i>P.M.B. 360</i> City & State <i>CORAL SPRINGS FL</i> Zip <i>33067</i>		Country <i>USA</i>	
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REINSTATEMENT 03-04
10/11/04 JMM

4. Date Incorporated or Qualified To Do Business in Florida <i>10/5/2001</i>	Applied For Not Applicable
5. FEI Number <i>65-114-3061</i>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <i>RICHARD EMELIO</i>	500041681215
Street Address (P.O. Box Number is Not Acceptable) <i>4900 CHARDONNAY DRIVE</i>	10/08/04 01005 001 **300 00
Suite, Apt. #, Etc.	
City <i>CORAL SPRINGS</i>	State FL
	Zip Code <i>33067</i>

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 *Richard Emelio, Registered Agent* Date *10/4/04*
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
<i>D/S</i>	<i>RICHARD A. EMELIO</i>	<i>4900 CHARDONNAY DR</i>	<i>CORAL SPRINGS, FL 33067</i>
<i>T/V</i>	<i>BEUANGELIA EMELIO</i>	<i>4900 CHARDONNAY DR</i>	<i>CORAL SPRINGS, FL 33067</i>

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: *Richard Emelio* **RICHARD EMELIO** *10/4/04* *561-969-7500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)



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October 4, 2004

Department of State
409 East Gaines St.
Tallahassee, FL 32399

Dear Sir ,

I have enclosed the application for reinstatement of the corporation, THE EMELIO GROUP, INC.

I was unaware of the filing requirements, as I am a new business owner, and was unaware of the requirement. As I also explained to the examiner on the phone, I never received any notices or correspondence indicating filing was necessary or that the Corporation had been dissolved.

As such, I am requesting waiver of the reinstatement fee of \$600.00. I have enclosed the check for \$300.00 as instructed.

We have also corrected the mailing address issue.

Thank you for your consideration,

A handwritten signature in black ink that reads "Richard Emelio". The signature is written in a cursive, flowing style.

Richard Emelio
President