

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 MAY -5 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000115891

1. Corporation Name

Empire International Corporation

[Handwritten Signature]

2. Principal Office Address

500 NW 165 Street

Suite, Apt. #, etc.

Suite 104

City & State

North Miami Beach, Fl.

Zip

33169

Country

USA

3. Mailing Office Address

500 NW 165 Street

Suite, Apt. #, etc.

Suite 104

City & State

North Miami Beach, Fl

Zip

33169

Country

USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-07-01

5. FEI Number

42-1529098

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

Adam R. Schiffman

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

2999 NE 191 Street

Suite, Apt. #, Etc.

Concorde Center II Suite 900

City

Aventura

State

FL

Zip Code

33180

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

[Handwritten Signature]

Date 4-30-03

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
Director	William L. R. Nash	500 NW 165 Street Ste 104	North Miami Beach, Fl. 33169
Director	David A. Paul	500 NW 165 Street Ste 104	North Miami Beach, Fl. 33169
Director	Shorena K. Johnson	500 NW 165 Street Ste 104	North Miami Beach, Fl. 33169

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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:

William L. R. Nash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

305-682-1328

Daytime Phone #

CR2E081 (10/02)