## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			_			
CORPORATION REINSTATEMENT	Secre	PARTMENT OF STATE etary of State of Corporations		FILED 05 FEB 21 PM 3:		
DOCUMENT # POZ 0000 31378  1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
EMAINVESTMENTS OF FLORIDA, INC.			rfins	TATEMENT_ 3 90021 012	03-05	
2. Principal Office Address				9/3/03 90021 012 150.00		
12000 NE 114 PLACE	12000NE 11	EIIM PLACE 9/3/1		3 40021 012	190	
uite, Apt. #, etc. Suite, Apt. #, 4		etc 4. Date		porated or Qualified iness in Florida		
City & State City & State		_				
BISCAYNE PARK, FL BISCA				mber Applied For Not Applicable		
Zip Country USA	33161	Country USA	6	\$8.75 Ac	ditional Fee required Pertificate of Status	
7. Name and Address of Current Registered Agent						
Name						
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  REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer an	nd/or Director (Florida n			<u> </u>		
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
PRES EDUARDO SCHLEH		12000 NE 11th PLACE		BISCATINE PARE, FL33161		
MAGDALENA SCHLEH		12000 NE 11 HA PLACE		BISCAYNE PARE, FL 33161		
SEC. MERCEDES SC		2000 NE 11 H		BISCAYNE PARK	•	
TRE MERCEDES SCH	LEH 12	2000 NE 11 M	PLACE	BISMYNE PARE,	£33161	
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 safe legal effect as if made under oath.  EDALDO SCHIEH  PICES DENT  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Davime Phone #						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #						

11710

## ATTACHMENT

## EMA INVESTMENTS OF FLORIDA, INC.

12000 NE 11<sup>th</sup> Place – Biscayne Park - Florida 33161 Voice 786-229-5792 - Fax 407-386-6695 – email <u>ema@wakonda.com</u>

To Florida Department of State Division of Corporations Uniform Business Report Fillings PO Box 1500 Tallahassee, Florida 32302

## **Attention to Andy Dunlap**

Dear Division of Corporations Officer:

Thank you for your prompt response via email after our request for information on the status of our corporation.

On your communication we receive confirmation receipt for payment for the Year 2003 fee for our corporation annual report.

You also mention that the report was sent back for corrections on September 4<sup>th</sup> 2003, but we never received any correspondence from the department.

We lived under the assumption that we were current with this Division when on September 3<sup>rd</sup>, 2003 the moneys for our payment were deducted from our corporate bank account

It was with alarm, that after receiving a notification on December 2004 we visited the website referred on it, to find out that our corporation was administrative dissolved on 9/19/03.

Immediately we contacted the department requesting information. For these reasons, we kindly request:

- 1- The moneys received by your division are applied against the corresponding 2003 annual report fee of which we are enclosing copy including the missing FEIN.
- 2- To reinstate our corporation.

We have not received the Uniform Business Report for the year 2004 for our Florida Corporation "EMA Investments of Florida, Inc." for this reason I made a copy and hand printed the information required for this filling.

Please accept the enclosed 2004 Uniform Business Report and the payment of \$150.00 for its filling fee.

We appreciate your help on these matters.

Yours truly,

Mercedes Schleh. Secretary

Municipal Cell