

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 10 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043537

1. Corporation Name

EMPHASIS AT HOME, INC

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. Box 398784

Suite, Apt. #, etc.

P.O. Box 398784

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33239

Country

U.S.

Zip

33239

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/2002

5. FEI Number

010688993

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

FRITZ, Hector F

100035821691
05/10/04-01078-006 **900 00

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

1445 16th STREET, APT 11

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

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 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
P.T.	FRITZ, Hector F	1445 16th STREET #11	MIAMI BEACH FL 33139
V.P.	ARZOS, Rodit H.	910 WEST AVE #800	MIAMI BEACH FL 33139
S.	MACKENZIE, MURDOCK JR.	1445 16th STREET #11	MIAMI BEACH FL 33139

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:

Hector Fritz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/4
Date

305)498-3231
Daytime Phone #