

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062138

1. Corporation Name

EMISEN CORP.

Principal Place of Business

Mailing Address

940 N W 44TH AVENUE
APARTMENT 205
MIAMI FL 33126

940 N W 44TH AVENUE
APARTMENT 205
MIAMI FL 33126

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

05/30/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

75-3065849

Not Applicable

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
PD	RODRIGUEZ, EMILIO	940 N W 44TH AVENUE, APT. 205	MIAMI FL 33126
VD	RODRIGUEZ, SENEN	940 N W 44TH AVENUE, APT. 205	MIAMI FL 33126

900023963249
10/21/03--01031--015 **150.00

10/10/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, EMILIO
940 N W 44TH AVENUE
APARTMENT 205
MIAMI FL 33126

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]
REGISTERED AGENT MUST SIGN

Date

10/17/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/03 (305) 993-3933

CR2E040 (7/03)

Emisen Corp.
940 N.W. 44th Avenue
Apartment # 205
Miami, Florida 33126

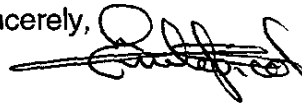
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

On October 11th, Emisen Corporation received a notice of administrative dissolution or revocation as a result of not reporting an annual report/uniform business report; however, prior UBR notices were not received. Emisen Corp. request a waiver of the reinstatement fee, and to return to "active" status. Enclosed is the completed application for reinstatement and the appropriate UBR filing fee of \$150.00 for a for-profit corporation.

If there is any further business to attend, please notify Emisen Corporation at the above address.

Sincerely,

A handwritten signature in black ink, appearing to read "Emilio Rodriguez", with a stylized flourish at the end.

Emilio Rodriguez