

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087083

1. Corporation Name

EMSA'S NORTH AMERICA, INC.

2. Principal Office Address

17220 NW 64th AVE

Suite, Apt. #, etc.

302

City & State

HALEAH, FL

Zip

33015

Country

USA

3. Mailing Office Address

17220 NW 64th AVE

Suite, Apt. #, etc.

302

City & State

HALEAH, FL

Zip

33015

Country

USA

New Address
REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business In Florida

08/12/2002

5. FEI Number

48-1272521

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

(NOTE: NEW ADDRESS)

Name

ALI EMSIZ

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

17220 NW 64th AVE

Suite, Apt. #, Etc.

302

City

HALEAH, FL

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date

10/22/03

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
PRES.	ALI EMSIZ	17220 NW 64 th Ave HALEAH, FL 33015	

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

Daytime Phone #

CR2E081 (10/02)

7210/2

EMSAS NORTH AMERICA, INC.
17220 NW 64th Avenue, #302
Hialeah, FL 33015-6312

(305) 788-2260

October 22, 2003.

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ladies & Gentlemen:

It was recently brought to my attention that my Florida corporation was placed on inactive status due to an Administrative Dissolution for no annual report. Per a telephone conversation with Yula, I am writing you to reinstate my corporation to "active" status.

I am from Turkey and recently started a retail sales business here in Florida. I established a Florida corporation on 08/12/2002. Being that this is all new for me, I was not aware of the annual reporting requirement. I never did receive the annual report and thus never responded. I did change my business address and had all of my mail forwarded by the US postal service, but I never received the annual report nor did I receive any correspondence regarding the administrative dissolution.

Enclosed please find the annual filing fee of \$150.00. Due to the unfortunate circumstances, I am respectfully requesting that the reinstatement fee be waived. I am still diligently trying to get my business "off the ground" and paying the full reinstatement fee would pose serious economic hardship. I ask that you please give my request your fullest consideration. You can rest assured I will always have my annual report filed by May 1st of each year.

Thank you for your understanding and consideration.

Sincerely,

Ali Emsiz
President – EMSAS North America, Inc.