

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 29 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000129439*

**1. Corporation Name**

Emincee, Inc.

10391-1 Old St. Augustine Road  
10391-1 Old St. Augustine Road

**2. Principal Office Address**

10391-1 Old St. Augustine Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

USA

**3. Mailing Office Address**

10391-1 Old St. Augustine Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32257

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida 12/06/2002**

**5. FEI Number**

*82-0575677*

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status**

**REINSTATEMENT** 03-04

**7. Name and Address of Current Registered Agent**

Name

W. K. Lally

Street Address (P.O. Box Number is Not Acceptable)  
6160 Arlington Expressway

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

600039683976  
07/29/04--01014--002 \*\*300 00

**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

*W. K. Lally*

Date *7/26/04*

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	Fernando Martongelli	10391-1 Old St. Augustine Road	Jacksonville, FL 32257
VP	Nancy Martongelli	10391-1 Old St. Augustine Road	Jacksonville, FL 32257
S	Nancy Martongelli	10391-1 Old St. Augustine Road	Jacksonville, FL 32257
T	Fernando Martongelli	10391-1 Old St. Augustine Road	Jacksonville, FL 32257

**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:

*Fernando Martongelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04

Date

(904) 288-5715

Daytime Phone #

CR2E081 (01/04)

282

Emincee, Inc.  
10391-1 Old St. Augustine Road  
Jacksonville, FL 32257

July 27, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Emincee, Inc. (P02000129439)  
Corporation Reinstatement

Dear Sirs:

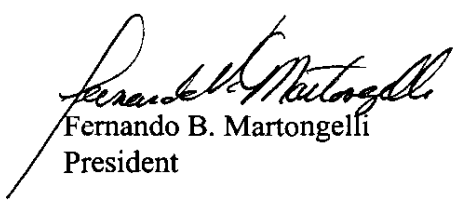
I am the President of Emincee, Inc., a Florida corporation which was filed on December 6, 2002 and administratively dissolved on September 19, 2003 for failure to file an annual report.

Please be advised that I have never received an annual report form for this corporation and request that the reinstatement fee be waived.

As per instructions from your office, I am enclosing my Application for Corporation Reinstatement along with my check in the amount of \$300.00 for costs. If any further information is needed, please contact me at (904) 631-4993 or at the office of the corporation, 10391-1 Old St. Augustine Road, Jacksonville, FL 32257.

Your consideration in this matter is appreciated.

Sincerely,

  
Fernando B. Martongelli  
President