

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUL 12 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P030000 L4386

1. Corporation Name **EMILEY CORPORATION**

2. Principal Office Address  
**2338 NW 18 Terr.**

3. Mailing Office Address  
**2338 NW 18 Terr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Pembroke Pines FL**

City & State  
**Pembroke Pines FL**

Zip Country  
**33029 USA**

Zip Country  
**33029 USA**

4. Date Incorporated or Qualified To Do Business in Florida **02/06/2003**

5. FEI Number **36-4521179**

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 **RAJU MANIAR**

Street Address (P.O. Box Number is Not Acceptable) **7737 N. University Dr.**

Suite, Apt. #, Etc. **201**

City **Tamarac**

State Zip Code  
**FL 33321**

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 *R. Maniar*

Date **05/10/06**

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	FRANCIS EMILIO	2338, NW 18th Terr	Pembroke Pines FL 33029
VP	FRANCIS LEILANY	2338, NW 18th Terr	Pembroke Pines FL 33029
	<i>07/18</i>		
			000077719377 07/19/06--01023--011 **1050.00

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 contained in Chapter 119, 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:

*Francis Emilio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/10/06**

Date

Daytime Phone #