

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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CR2E081 (11/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000056229

1. Corporation Name
EMC INTERNATIONAL, INC.

2. Principal Office Address - No P.O. Box # 17270 BOCA CLUB BLVD		3. Mailing Office Address SAME	
Suite, Apt. #, etc. #1705		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33487	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **3/25/2004**

5. FEI Number **20-1020282**

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

Applied For Not Applicable

7. Name and Address of Current Registered Agent

Name
ROBERTA JACOBY

Street Address (P.O. Box Number is Not Acceptable)
17270 BOCA CLUB BLVD

Suite, Apt. #, Etc.
#1705

City
BOCA RATON

State
FL

Zip Code
33487

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 *Roberta Jacoby* Date **2/10/11**

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
D	ROBERTA JACOBY	17270 BOCA CLUB BLVD, #1705	BOCA RATON, FL 33487

REINSTATEMENT
2006-11

10. E-mail Address: **BILL@ATSDRAY.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Roberta Jacoby* Date **2/10/11**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

DB 2/11