

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10 MAR -8 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000111614

1. Corporation Name

EDM International Corp.

600171397126  
03/08/10--01005--019 \*\*450.00

**REINSTATEMENT 08-10**

2. Principal Office Address - No P.O. Box #

6614 AVENUE B

Suite, Apt. #, etc.

3. Mailing Office Address

6614 AVENUE B

Suite, Apt. #, etc.

City & State

NEW ORLEANS, LA

City & State

NEW ORLEANS, LA

Zip

70124

Country

United States

Zip

70124

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

08-11-2005

5. FEI Number

20-329-5963

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

Maximo Martinez

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

7506 SW 104 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 03-03-2010

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	Maximo Martinez	6614 AVENUE B	NEW ORLEANS/LA/70124
V.P	Miguellys Leal	6614 AVENUE B	NEW ORLEANS/LA/70124
AS	Juan Martinez	6614 AVENUE B	NEW ORLEANS/LA/70124
AS	Carlos M. Martinez	6614 AVENUE B	NEW ORLEANS/LA/70124
AS	Eduardo Martinez	6614 AVENUE B	NEW ORLEANS/LA/70124
S	Miruxi Martinez	6614 AVENUE B	NEW ORLEANS/LA/70124

10. E-mail Address: Edimundobusa@hotmail.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 817, 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 807.0401 or 817.0401, F.S., 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-2010

Date

Daytime Phone #