

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 11 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000130024

1. Corporation Name

E.M.U. ASSISTED LIVING FACILITY CORP.

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

10241 SW 134TH AVE

3. Mailing Office Address

10241 SW 134TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186-2861

Country

U.S.A.

Zip

33186-2861

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

JOSE M. URRRA

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

10241 SW 134TH AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186-2861

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2006

5. FEI Number
61-1511875

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 02/10/2009

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
PD	JOSE M. URRRA	10241 SW 134TH AVE.	MIAMI, FL, 33186-2861
VD	ESTRELLA O. URRRA	10241 SW 134TH AVE.	MIAMI, FL, 33186-2861

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: ✓

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/2009

Date

305-910-4599

Daytime Phone #