2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000132924

4562 HUNTING TRAIL

LAKE WORTH, FL 33467

Address:

City-St-Zip:

Entity Name: EMANN, INC

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	AL PALM BEACH BLVD ALM BEACH, FL 33411			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	NON WAY LM BEACH, FL 33415			
FEI Number	: 26-1891267 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Registered Agent	t: Name and Address o	f New Registered Agent:	
WEST PA	NON WAY LM BEACH, FL 33415 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered	oπice or registered agent, or both,	
SIGNATU	RE: AQEEL SHAIKH			
	Electronic Signature of Registered	Agent	Date	
	nce with s. 607.193(2)(b), F.S., the corporation of mpaign Financing Trust Fund Contribution ().	lid not receive the prior notice.		
	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () Delete SHAIKH, AQEEL 5396 CANNON WAY WEST PALM BEACH, FL 33415	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete AQUEEL, SHELLA 5396 CANNON WAY WEST PALM BEACH, FL 33415	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete BHATTI, HAMID 11659 WATERBEND COURT WELLINGTON, FL 33414	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST () Delete FAROOQ, AHMED	Title: Name:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: AQEEL SHAIKH P 03/25/2009