

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 APR 27 PM 1:34

DOCUMENT # P11000107627

1. Corporation Name

EKM Corp

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

580 SW 89Th Court

Suite, Apt #, etc

City & State

Miami

Zip

33174

Country

3 Mailing Office Address

Suite, Apt #, etc.

City & State

FL

Zip

Country

200343877442
04/27/20--01031--018 **150.00
200343877442
02/18/20--01005--002 **1200.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
12/22/2011

5. FEI Number

90-0782522

Applied
Not App

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee
for a Certificate of

7. Name and Address of Current Registered Agent

Name

Wesby Jorge W

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

580 SW 89Th Court

Suite, Apt #, Etc

City

Miami

State

FL

Zip Code

33174

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 12/20/2019

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	Jorge W Wesby	580 SW 89Th Ct	Miami, FL 33174
VP	Marcela A Barbaria	580 SW 89Th Ct	Miami, FL 33174
	REINSTATEMENT		COURT
	2018-2020		2018-2020

10. E-mail Address: JORGE.WESBY@GMAIL.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:

Barbaria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/2019

305-859-7028

Date

Daytime Phone #