

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEP - 7 PM 13

DOCUMENT # P13000087460

1. Corporation Name

Emma Management, Inc.

CR2B081 (11/10)

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

5473 NW 41 Terrace

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

US

3. Mailing Office Address

5473 NW 41 Terrace

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2013

5. FEI Number

46-3990896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

000318362990

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Emily Croft

Emily Croft

REGISTERED AGENT

Vice President

Date

9/7/18

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	matthew krathen	935F NW 31st Ave	Pompano Beach FL 33069
VP	Austin Russo	935F NW 31st Ave	Pompano Beach, FL 33069
T	Spencer Russo	935F NW 31st Ave	Pompano Beach, FL 33069
			SEP 7 2018
			R. HUNT

10. E-mail Address: arosenberg@kanekessler.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:

Austin Russo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Austin Russo

9/05/2018

954-582-2087

DATE

DAYTIME PHONE #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 378039 4301184
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1350.00

ORDER DATE : September 7, 2018
ORDER TIME : 11:57 AM
ORDER NO. : 378039-005
CUSTOMER NO: 4301184

DOMESTIC FILINGS

NAME: EMMA MANAGEMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

SEP 7 2018

EXAMINER'S INITIALS

R. HUNT

18 SEP -7 PM 1:56
CORPORATION SERVICE COMPANY
TALLAHASSEE, FLORIDA