

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037792

1. Corporation Name

E.M.S.A. MIAMI, INC.
151 MAJORCA AVENUE, SUITE C
CORAL GABLES, FL 33134

Principal Place of Business

3550 BISCAYNE BLVD.
SUITE 505
MIAMI, FL 33137
USA

Mailing Address

3550 BISCAYNE BLVD.
SUITE 505
MIAMI, FL 33137
USA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

151 MAJORCA AVENUE

Suite, Apt. #, etc.

SUITE C

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. New Mailing Office Address, If Applicable

151 MAJORCA AVENUE

Suite, Apt. #, etc.

SUITE C

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1993

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P-D	CHRISTIAN PAUL M. GRAS PICARD	151 MAJORCA AV., # C	CORAL GABLES, FL 33134
VP,T,D	JESUS ALONSO FLORES NOBLE	151 MAJORCA AV. # C	CORAL GABLES, FL 33134
S	FRANCISCO J. FERNANDEZ	151 MAJORCA AV. # C	CORAL GABLES, FL 33134
			900002145159--7 -04/16/97--01091--007 ***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

HERNAN RECALDE
3550 BISCAYNE BLVD.
SUITE 505
MIAMI, FL 33137.

9. Name and Address of New Registered Agent

Name
GABRIEL PRATS
Street Address (P.O. Box Number is Not Acceptable)
151 MAJORCA AVENUE, SUITE C
Suite, Apt. #, Etc.
City
CORAL GABLES State **FL** Zip Code **33134**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **4-9-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97

Date

(305) 444-8333
Daytime Phone #

CR2E040 (12/96)