

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000034562**

1. Corporation Name

EMP COMMUNICATIONS INTERNATIONAL INC.

Principal Place of Business

3590 NW 61ST CIRCLE
BOCA RATON FL 33496
US

Mailing Address

3590 NW 61ST CIRCLE
BOCA RATON FL 33469
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1995

5. FEI Number

65-0589407

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PATTEN, ELISABETH	3590 NW 61ST CIRCLE	BOCA RATON FL 33496

800003361978--6
-08/18/00--01041--017
****908.75 ****908.75

8. Name and Address of Current Registered Agent

SIMMS, R J
1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

JAMES F. STOKL

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

138 N. SWINTON AVE.

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33444

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

7-25-00

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., 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

Date

July 25 2000

Daytime Phone #

KE