PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

96 SEP 27 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000069241**

1. Corporation Name

E.M. CAPTAIN, INC.

1996 ANNUAL REPORT

Principal Place of Business	Mailing Address
2555 COLLINS AVE #C3 MIAMI FL 33140	2555 COLLINS AVE #C2 MIAMI FL 33140

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

2. New Principal Office Address, If Applicable
2555 COLLINS AVE
Suite, Apt. #, etc.
C-2
City & State
MIAMI BEACH
Zip 33140 Country USA

3. New Mailing Office Address, If Applicable
2555 COLLINS AVE
Suite, Apt. #, etc.
#C2
City & State
MIAMI BEACH
Zip 33140 Country FL

4. Date Incorporated or Qualified To Do Business in Florida **09/05/1995**

5. FEI Number 65-0609768 ☐ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MONTESINO, ERNESTO	2555 COLLINS AVE #C3	MIAMI FL 33140
STD	MONTESINO, LUISA	2555 COLLINS AVE #C2	MIAMI FL 33140
		2555 Collins Ave #C2	Miami Beach FL 33140

400001973884--4
-10/15/96--01091--009
****200.00 ****200.00

8. Name and Address of Current Registered Agent

MONTESINO, ERNESTO
2555 COLLINS AVE #C3
MIAMI FL 33140

E. Mon 9-27-96

9. Name and Address of New Registered Agent

Name 400001973884--4
-10/15/96--01091--010
Street Address (P.O. Box Number is Not Acceptable) ******8.75 ******8.75
Suite, Apt. #, Etc.
City State FL Zip Code

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 Ernesto B. Montesino Date 9/25/96
REGISTERED AGENT MUST SIGN

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: Ernesto B. Montesino 9/25/96 305-673-8048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)