

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 MAY 14 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095635

1. Corporation Name

EDMA INTERNATIONAL, INC.

2. Principal Office Address

901 Ponce de Leon Blvd.

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

Suite 603

Suite, Apt. #, etc.

City & State

Coral Gables, Fl.

City & State

Zip

33134

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0724816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name **William H. Albornoz, Esq.**

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

901 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 603

City

Coral Gables,

State
FL

Zip Code
33134

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

William H. Albornoz
REGISTERED AGENT MUST SIGN

Date

4/12/08

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
D	Kirschenbaum, Marim B.	901 Ponce de Leon Blvd. Suite 603	Coral Gables, Fl. 33134
D	Chama, Eduardo	901 Ponce de Leon Blvd. Suite 603	Coral Gables, Fl. 33134

05/10/00 90121 001 \$150.00

10. I certify that I am an officer or director of 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: *X*

4-11-02

(305) 444-1741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Chama President/Director

Date

Daytime Phone #

CR2E081 (9/01)