APPROVED AND FILED

29000001807						AND FILED	1	
		FLORIDA DEPAI	KTMEN	TOFSTATE				
APPLICATION		Sandra B. Mortham			1.70	77 J.M 22 PM 2: 40		
	FOR Secretary of Superinstatement DIVISION OF CORPOR			RATIONS				
						SECRETARY OF STATE		
OCUMENT Corporation Name	r # P96000039611							
Planet Emu	, Inc.							
					- RFINS	<b>FATEM</b>	ENT '98-	
rincipal Place of Business		Mailing Address			111110	8.000	Scc 1-23	
					3. Date Incorporated	or Qualified 3a.	Date of Last Report	
					5/6/96		1997	
2. Principal Place of Business		2s. Mailing Address			4. FEI Number		Applied For	
7 1521 Alton Road #187		26 1521 Alton Road #187			65-0666739	<u> </u>	Not Applicable	
Spite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Sta	tus Desired 🔲	\$8.75 Additional Fee Required	
2 City & State		City & State			6. Election Campaig Trust Fund Contribu	m Financing	\$5.00 May Be Added to Fees	
Miami Beach HL		28 Miami Beach Zip	FL. County		8. This corporation			
p ] 33139	County	219 29 33139	30		s. 199,032, Florida	tatutes Yes	□ No	
	me and Address of Current )	127	11		10. Name and Address o	New Registered	Agent	
				81 Name				
len M. Waldmar				82 Street Add	ress (P.O. Box Number is N	ot Acceptable)		
00 Brickell Ave Iiami, FL 33131								
enutity 1 to ovio				83		1 2	- 0-4	
·		8, Florida Statutes, the a	bove-nar	84 City	submits this statement for the	B.L. I	p Code ing its registered office solution as registered	
i. Pursuant to the pregistered agent, sent. I am famillar (GNATURE Signa)	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation Glen Waldman ture, typed or phated name of regime OFFICERS AND DIR	BY G.K. KUI red agent and title of applicabl ECTORS	E (13.	med corporation aby the corporation that the corporation that the corporation and the corporation are at the corporation and the corporation are corporation to the corporation and the corporation are corporation are corporation and the corporation are corporation and the corporation are corporation and the corporation are corporation are corporation are corporation and the corporation are corporation are corporation are corporation are corporation are corporation and corporation are co	submits this statement for the in's board of directors. I her new in fact at signature required when released intions/CHANGES TO OF	purpose of change by accept the application bats	ing its registered office solutions as registered 1/22/19 LECTORS IN 12	
I. Pursuant to the proglistered agent, gent. I am familiar IGNATURE Signa 2.	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation Glen Waldman ture, typed or printed name of regime OFFICERS AND DIR President Julie Brumlik	ed agent and title of applicable	E. (13.	med corporation aby the corporation tatutes.  AS attor  NOTE: Registered Ap  ADD	ent signature required when relestati	purpose of change by accept the application bats	ing its registered office continuous as registered	
I. Pursuant to the pregistered agent, gent. I am familiar (GNATURE Signal L. P. C.	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation of Glen Waldman ture, typed or plated name of regists OFFICERS AND DIR President Julie Brumlik 1521 Alton Road, Suite 187	BY G.K. KUI red agent and title of applicabl ECTORS	13. 1.1 7 1.2 1	med corporation aby the corporation tautes.  AS attor NOTE: Ragistered Ap	ent signature required when reinstate DITIONS/CHANGES TO OF	purpose of change by accept the application bats	ing its registered office solutions as registered 1/22/19 LECTORS IN 12	
i. Pursuant to the progression of agent, gent. I am familiar ignature Signal  2. The I am Familiar in the second of the second o	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation Glen Waldman ture, typed or printed name of regime OFFICERS AND DIR President Julie Brumlik	BY G.R. KUT  erd agent and title of applicable  ECTORS  DBLETE	13. 1.1 7 1.2 1 1.3 1 1.4 1	med corporation aby the corporation aby the corporation at the corporation and as attor as attor and as attor and a attor and	ent signature required when reinstate DITIONS/CHANGES TO OF	purpose of change by accept the app	ing its registered offices cointment as registered 1/22/49 RECTORS IN 12 Change	
i. Pursuant to the registered agent, gent. I am familiar (GNATURE Signal ITLE AME TREET ADDRESS ITY-ST-ZIP	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation of Glen Waldman ture, typed or plated name of regists OFFICERS AND DIR President Julie Brumlik 1521 Alton Road, Suite 187	BY G.K. KUI red agent and title of applicabl ECTORS	1.1 7 1.2 1 1.3 1 1.4 1 2.1 1	med corporation aby the corporation aby the corporation at the corporation and a second Appendix Roote: Ragistaced Roote	ent signature required when reinstate DITIONS/CHANGES TO OF	purpose of change by accept the app	ing its registered office solutioned as registered 1/22/49 RECTORS IN 12	
I. Pursuant to the pregistered agent, registered agent, remaining the first seek. I am familiar (GNATURE Signa L. T. S.	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation of Glen Waldman ture, typed or plated name of regists OFFICERS AND DIR President Julie Brumlik 1521 Alton Road, Suite 187	BY G.R. KUT  erd agent and title of applicable  ECTORS  DBLETE	13. 1.1 1 1.2 1 1.3 1 1.4 1 2.1 1 2.2 1 2.3 1	med corporation aby the corporation aby the corporation at tatutes.  AS ALLOY  ANDER Registered AP  ADD  FIFTLE  NAME  STREET ADDRES  CITY-ST-ZIP  FIFTLE  NAME  STREET ADDRES  STREET ADR	cat signature required when relastation in the process of the proc	purpose of change by accept the app	ing its registered offices cointment as registered 1/22/49 RECTORS IN 12 Change	
I. Pursuant to the pregistered egent, are familiar in the fami	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation of Glen Waldman ture, typed or plated name of regists OFFICERS AND DIR President Julie Brumlik 1521 Alton Road, Suite 187	Py G. R. KUI's  red agent and title of applicable  ECTORS  DELETE  DELETE	13. 1.1 1 1.2 1 1.3 1 1.4 1 2.1 1 2.2 1 2.3 1 2.4 1	med corporation aby the corporation aby the corporation at tatutes.  AS ALLOY  ANDER Registered AP  ADD  FIFTLE  NAME  STREET ADDRES  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	cat signature required when relastation in the process of the proc	DATE FICERS AND DIE	ing its registered office solintment as registered 1/22/49  RECTORS IN 12  Change	
I. Pursuant to the pregistered agent, rent. I am familiar (GNATURE)  I. THE AME TREET ADDRESS (TY-ST-ZIP)  TITLE AME TREET ADDRESS (TY-ST-ZIP)  TITLE TREET ADDRESS (TY-ST-ZIP)  TITLE TREET ADDRESS (TY-ST-ZIP)	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation of Glen Waldman ture, typed or plated name of regists OFFICERS AND DIR President Julie Brumlik 1521 Alton Road, Suite 187	BY G.R. KUT  erd agent and title of applicable  ECTORS  DBLETE	13. 1.17 1.21 1.31 1.43 2.11 2.22 2.33 2.44 3.17 3.2	med corporation aby the corporation aby the corporation tatutes.  AS ALLOY  NOTE: Registered Ap  ADD  FITLE  NAME  STREET ADDRES  CITY-ST-ZIP  FITLE  STREET ADDRES  CITY-ST-ZIP  TITLE  NAME  STREET ADDRES  CITY-ST-ZIP  TITLE  NAME	eat signuture required when relastate of the relation of the relation of the relation of the relation	DATE FICERS AND DIE	ing its registered office continuent as registered   1/22/49   RECTORS IN 12   Change	
I. Pursuant to the progressed agent, gent. I am familiar ignature  GNATURE  ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS	provisions of Sections 607.150 or both, in the State of Florid with, and secept the obligation Glen Waldman ture, typed or plained same of regime OFFICERS AND DIR President Julie Brumlik 1521 Alton Road, Suite 187 Miami Beach, FL 33139	Py G. R. KUI's  red agent and title of applicable  ECTORS  DELETE  DELETE	21 1 2 2 3 3 2 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 3 4 3 3 4	med corporation aby the corporation aby the corporation tatutes.  AS attor NOTE Registered Apparent ADDE FIFTLE NAME STREET ADDRES CITY-ST-ZIP FIFTLE NAME STREET ADDRES CITY-ST-ZIP FIFTLE TITLE TITLE TITLE TITLE TITLE TITLE	eat signuture required when relastate of the relation of the relation of the relation of the relation	DATE FICERS AND DIE	ing its registered office continuent as registered   1/22/49   RECTORS IN 12   Change	
I. Pursuant to the progressed agent, gent. I am familiar to the gent. I am familiar to the progress of the second	provisions of Sections 607.150 or both, in the State of Florid with, and secept the obligation Glen Waldman ture, typed or plained same of regime OFFICERS AND DIR President Julie Brumlik 1521 Alton Road, Suite 187 Miami Beach, FL 33139	Py G. R. KUI's  red agent and title of applicable  ECTORS  DELETE  DELETE	13. 1.1.7 1.2.1 1.3.3 1.4.5 2.1.7 2.1.7 2.2.3 2.4 3.1.7 3.2 3.3 3.4 4.1.7	med corporation aby the corporation aby the corporation at the corporation at the corporation and the corp	eat signuture required when relastate of the relation of the relation of the relation of the relation	DATE FICERS AND DIE	ing its registered office continuent as registered   1/22/49   RECTORS IN 12   Change	
I. Pursuant to the pregistered agent, and familiar gent. I am familiar gent. I am familiar gent. I am familiar street address in the same street address in the same street address in the same same same same same same same sam	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation Glen Waldman ture, typed or printed name of regime OFFICERS AND DIR President Julie Brumlik 1521 Alton Road, Suite 187 Miami Beach, FL 33139	BY G.R. KUT  med agent and title of applicable  ECTORS  DELETE  DELETE  DELETE	13. 13. 14. 12. 13. 14. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	med corporation aby the corporation aby the corporation at the corporation as attor as attor and a second approximately app	eat signature required when relastate DITIONS/CHANGES TO OF	DATE FICERS AND DIE	ing its registered office solintment as registered   1/22/49	
i. Pursuant to the pregistered agent, gent. I am familiar (GNATURE Signature AME) and the present address ity-st-zip (TLE AME) treet address ity-st-zip (TLE AME)	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation Glen Waldman ture, typed or printed name of regime OFFICERS AND DIR President Julie Brumlik 1521 Alton Road, Suite 187 Miami Beach, FL 33139	DY G.R. KUT  med agent and title of applicable  ECTORS  DELETE  DELETE  DELETE	20 3 13. 1.17 1.2 1.3 1.4 1.2 1.3 1.4 1.2 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	med corporation aby the corporation aby the corporation at the corporation and the corporation are corporated as attor and as attoring as attor and as attoring	eat signature required when relastate DITIONS/CHANGES TO OF	Durpose of change eby accept the application by DATE FICERS AND DIE	ing its registered office pointment as registered   1/22/19	
i. Pursuant to the registered agent, rent. I am familiar (GNATURE Signature AME	provisions of Sections 607.150 or both, in the State of Florid with, and accept the obligation Glen Waldman ture, typed or printed name of regime OFFICERS AND DIR President Julie Brumlik 1521 Alton Road, Suite 187 Miami Beach, FL 33139	BY G.R. KUT  med agent and title of applicable  ECTORS  DELETE  DELETE  DELETE	20	med corporation aby the corporation aby the corporation tatutes.  AS ALLOY  NOTE Registered Ap  ADD  FITLE  NAME  STREET ADDRES  CITY-ST-ZIP  FITLE  NAME	eat signature required when relastate DITIONS/CHANGES TO OF	Durpose of change eby accept the application by DATE FICERS AND DIE	ing its registered office solintment as registered   1/22/49	
i. Pursuant to the registered agent, tent. I am familiar (GNATURE Signature REET ADDRESS (TY-ST-ZIP TILE AME IREET ADDRESS (TY-ST-ZIP TILE AME AME AME AME TREET ADDRESS (TY-ST-ZIP TILE AME	provisions of Sections 607.150 or both, in the State of Plorid with, and sceept the obligation Glen Waldman ture, typed or plated name of regiss OFFICERS AND DIR President Julie Brumlik 1521 Aiton Road, Suite 187 Miami Beach, FL 33139	DY G.R. KUT  med agent and title of applicable  ECTORS  DELETE  DELETE  DELETE	200 d	med corporation aby the corporation aby the corporation aby the corporation at the corporation and the corporation are as a too.  AS a too.  ADD  ITILE  NAME  STREET ADDRES  CITY-ST-ZIP	eat signature required when relastate PTTONS/CHANGES TO OF SS SS SS	Durpose of change eby accept the application by DATE FICERS AND DIE	ing its registered office pointment as registered   1/22/19	
I. Pursuant to the pregistered agent, gent. I am familiar gent. I am familiar iGNATURE  Signal  L.	provisions of Sections 607.150 or both, in the State of Plorid with, and sceept the obligation Glen Waldman ture, typed or plated name of regiss OFFICERS AND DIR President Julie Brumlik 1521 Aiton Road, Suite 187 Miami Beach, FL 33139	DY G.R. KUT  Med agent and title of applicable  ECTORS  DELETE  DELETE  DELETE  DELETE	200 d	med corporation aby the corporation aby the corporation at the corpora	eat signature required when relastate PTTONS/CHANGES TO OF SS SS SS	purpose of change by accept the application bats FICERS AND Diff	ing its registered office solintment as registered   1/22/49	
I. Pursuant to the pregistered agent, gent. I am familiar gent. I am familiar iGNATURE  Signal  ITLE Signal  ITLE SIGNATURE Signal  ITLE SIAME STREET ADDRESS SITY-ST-ZIP SITLE SIAME SITY-ST-ZIP SITLE	provisions of Sections 607.150 or both, in the State of Plorid with, and sceept the obligation Glen Waldman ture, typed or plated name of regiss OFFICERS AND DIR President Julie Brumlik 1521 Aiton Road, Suite 187 Miami Beach, FL 33139	DY G.R. KUT  med agent and title of applicable  ECTORS  DELETE  DELETE  DELETE	13. 1.17 1.2 1.3 1.4 2.11 2.2 3.3 2.4 3.1 3.2 3.3 4.4 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	med corporation aby the corporation aby the corporation at the corporation at the corporation and the corp	eat signature required when relastate PTTONS/CHANGES TO OF SS SS SS	purpose of change by accept the application bats FICERS AND Diff	ing its registered office pointment as registered   1/22/19	
II. Pursuant to the par registered agent, and familiar signature.  Signature  Signature  Signature  NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS	provisions of Sections 607.150 or both, in the State of Florid with, and secept the obligation Glen Waldman ture, typed or platted same of regime OFFICERS AND DIR President Julie Brumilk 1521 Alton Road, Suite 187 Miami Beach, FL 33139	DY G.R. KUT  Med agent and title of applicable  ECTORS  DELETE  DELETE  DELETE  DELETE	20	med corporation aby the corporation aby the corporation aby the corporation as attor as a ttores. Additionally a series and a series address and a series ad	eat signature required when relastate STTIONS/CHANGES TO OF	purpose of change by accept the application bats FICERS AND Diff	ing its registered offices solintment as registered   1/22/49	
I. Pursuant to the progressive agent, a manufacture signature sign	provisions of Sections 607.150 or both, in the State of Florid with, and secept the obligation Glen Waldman ture, typed or plated same of regime OFFICERS AND DIR President Julie Brumitk 1521 Alton Road, Suite 187 Miami Beach, FL 33139	DY G. R. KUT  Med agent and title of applicable  ECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	200 de	med corporation aby the corporation aby the corporation aby the corporation aby the corporation as attor as attor and as attoring	eat signature required when relastate STTONS/CHANGES TO OF SS	DATE FICERS AND DIE  DIO Florida Stains	ing its registered office solintment as registered   1/22/49	
I. Pursuant to the property of the registered agent, gent. I am familiar ignature square ignature square in the sq	provisions of Sections 607.150 or both, in the State of Florid with, and secept the obligation Glen Waldman ture, typed or platted same of regime OFFICERS AND DIR President Julie Brumilk 1521 Alton Road, Suite 187 Miami Beach, FL 33139	DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  de with this filing does no supplemental annual repraction or the receiver or thackment with an address methods.	13. 1.17 1.2 1.3 1.4 2.11 2.2 3.3 2.4 3.1 3.2 4.3 3.4 4.1 5.1 5.2 6.3 6.1 6.2 6.3 6.4 ort qualify port is trustee e	med corporation aby the corporation aby the corporation aby the corporation at the corporation and the corporation are also at the corporation and	at signature required when relastate PITIONS/CHANGES TO OF SS	purpose of change by accept the apple by accept the apple bars FICERS AND Difference by the same logal by Chapter 607, Fi	ing its registered office solintment as registered   1/22/49	

H99000001807

JAN-22-99 12:42 PM MIAMI OFFICE

Page: 1

## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000001807 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)922-4004

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053
Phone: (305)672-0686
Fax Number: (305)672-9110

THE DOTATIONS OF CURPORATIONS

## CORPORATION REINSTATEMENT

PLANET EMU, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

https://cciss1.dos.state.fl.us/scripts/

10.9

202 6729110

194-25-38 IS:41 bw WISWI OFFICE