

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 SEP 27 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-10/01/02--01061--011  
\*\*\*\*458.75 \*\*\*\*458.75

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000063919

1. Corporation Name  
EMMC WAREHOUSE DEVELOPMENT, INC.

2. Principal Office Address 782 NW 42ND AVE		3. Mailing Office Address 782 NW 42ND AVE	
Suite, Apt. #, etc. # 328		Suite, Apt. #, etc. # 328	
City & State MIAMI		City & State MIAMI	
Zip FL	Country	Zip FL	Country

4. Date Incorporated or Qualified To Do Business in Florida 07/31/1996	
5. FEI Number 65-0697157	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
MARTINEZ, ELIO

Street Address (P.O. Box Number is Not Acceptable)  
782 NW LEJEUNE RD


Suite, Apt. #, Etc.  
#328

City  
MIAMI

State  
FL

Zip Code  
33126

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  Date 09/26/2002

REGISTERED AGENT MUST SIGN

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
P/S/D	MARTINEZ, ELIO	782 NW LEJEUNE RD # 328	MIAMI, FLORIDA 33126

10. 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:  Date 09/26/2002 Daytime Phone # 305-632-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)

9/27/02