

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 DEC 17 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9800000 1564

1. Corporation Name

EMILY EXPORT CORP.

000009822560
01/06/03--01001--003 **900.00

2. Principal Office Address

1569 NW 82nd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1569 NW 82nd Ave.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1998

5. FEI Number

65-0805116

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

RAMIREZ, Israel

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

1569 NW 82nd Avenue

Suite, Apt. #, Etc.

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

Israel Ramirez

REGISTERED AGENT MUST SIGN

Date **09/30/02**

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/D | RAMIREZ, Israel | 1440 NW 78th Avenue | Miami, FL 33126 |
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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:

Israel Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/30/02

Date

(786) 412-6068

Daytime Phone #

CR2E061 (9/01)

js 12/17