

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

01 JUN 18 PM 12:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000038999**

1. Corporation Name

**EMEX INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

8391 NW 64 ST  
 MIAMI FL 33166  
 US

8391 NW 64 ST  
 MIAMI FL 33166  
 US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/28/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7220 N.W. 36 ST. #611

City & State

City & State

MIAMI, FLORIDA

Zip  
 33166

Country  
 DADE

Zip

Country

5. FEI Number

65-0833683

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MOLKO, EDUARDO	17021 N BAY RD	MIAMI FL 33160

980004481729--5  
 -07/17/01--01102--017  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOLKO, EDUARDO  
 17021 N. BAY ROAD APT. #326  
 NORTH MIAMI BEACH FL 33166

Name

EDUARDO MOLKO

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

3405 S.W. 169 TERRACE

Suite, Apt. #, Etc.

MIRAMAR

City

State

FL

Zip Code

33027

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

*[Signature]*  
 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date 6-15-01

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
 SIGNATURE REQUIRED  
 EDUARDO MOLKO

Date

Daytime Phone #

*[Signature]*  
 (305) 513-9608

CR2E040 (8/00)