

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058590

1. Corporation Name

EMAM EXPRESS, INC.

Principal Place of Business

Mailing Address

10851 SW 158TH TERRACE
MIAMI FL, 33157

10851 SW 158 TERRACE
MIAMI FL, 33157

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 07/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0847944

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

STATE OF FLORIDA
DIVISION OF CORPORATIONS

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MICHELLE ECHEVARRIA	10851SW 158TH TERRACE	MIAMI FL, 33157
V/P	CONSUELO MATHEWS	10851SW 158TH TERRACE	MIAMI FL, 33157
S/T	ALVARO MATHEWS	10851SW 158TH TERRACE	MIAMI FL, 33157

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REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name JOSEPH SHOMAR

Street Address (P.O. Box Number is Not Acceptable)
5190 NW 167TH ST. #111

Suite, Apt. #, Etc. SUITE # 111

City MIAMI

State

FL

Zip Code

33014

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

JOSEPH SHOMAR
REGISTERED AGENT MUST SIGN

Date 4/20/2000

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information
on intangible tax.)

12. 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:

M. A. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

(305) 971-9491

Date

Daytime Phone #