

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 DEC 30 PM 12:11

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000099822

1. Corporation Name

EMO FURNITURE FINISHING AND REFINISHING, INC.

100009740051  
12/30/02--01056--016 \*\*750.00



Principal Place of Business

6906 NE 3RD AVENUE  
MIAMI FL 33138

Mailing Address

6784 NE 4TH AVENUE  
MIAMI FL 33138

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

2. New Principal Office Address, If Applicable

6784 N.E HAVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33138

Country

DADE

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1999

5. FEI Number

65-0731879

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	JARAMILLO, OSVALDO	13465 SW 82 STREET 14766 S.W. 81ST	MIAMI FL 33183 MIAMI FL 33193

8. Name and Address of Current Registered Agent

JARAMILLO, OSVALDO G  
6906 NE 3RD AVENUE  
MIAMI FL 33138

9. Name and Address of New Registered Agent

Name

JARAMILLO, OSVALDO G

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

6784 N.E HAVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Osvaldo Jaramillo*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/26/02

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:

*Osvaldo Jaramillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/02 (305) 608-6840

Daytime Phone #

CR2E040 (8/02)