

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG 31 PM 2:04

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S22091

1. Corporate Name

Emis Designs, Inc.

2. Principal Office Address - No P.O. Box #
219 Royal Poinciana Way

3. Mailing Office Address
Box 938

State, Apt. #, etc.
STE 01

State, Apt. #, etc.

City & State
Palm Beach, FL

City & State
Palm Beach, FL

Zip Country
33480

Zip Country
33480

700184963597
09/01/10--01003--004 **1208.75

CR22001 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 01/01/1991

5. FEI Number
850233723

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

General Filing Jurisdiction
Not Applicable

7. Name and Address of Current Registered Agent

Name
Emis Beros

Street Address (P.O. Box Number is Not Acceptable)
~~2000 Conquistador Circle~~ 1900 CONSULANTE PLACE APT 303

State, Apt. #, etc.
WEST PALM BEACH FL. 33401

City State Zip Code
West Palm Beach FL 33401

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607, 606 or 617, F.S.

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date 8/27/10

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	MRS. EMIS. T. BEROS	1900 CONSULANTE PLACE APT 303	WEST PALM BEACH FL 33401
TREAS.			

10. E-mail Address: edward.fish@delmarcamp.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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 receiver or trustee has been determined, the corporate name satisfies the requirements of section 607.0421 or 617.0401, F.S., that all fees owed by the corporation have been paid, I hereby certify that 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]*
PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date 8/27/10 Day(s) Phone #