

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2015 DEC 31 AM 9:13

TALLAHASSEE, FLORIDA

DOCUMENT # F14000001189

1. Corporation Name

**Tilt, Inc.**

2. Principal Office Address - No P.O. Box #

1645 SW 107th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33165

Country

USA

3. Mailing Office Address

1421 SW 107th Ave

Suite, Apt. #, etc.

#262

City & State

Miami, FL

Zip

33174

Country

USA

DEC 31 2015

L BERGER

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/2014

5. FEI Number

46-4947603

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alexander McCaw

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

4491 NW 19th St

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33313

900280518129  
12/31/15--01012--018 \*\*750.00

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

Date 12/29/2015

REGISTERED AGENT MUST SIGN

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
PSC	Gabriel Harkham	1645 SW 107th Ave	Miami, FL 33165
REINSTATEMENT			
	2015		

10. E-mail Address: alex@summitretailgroup.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/2015

Daytime Phone #