

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F30145**

1. Corporation Name

ETRIT, INC.

Principal Place of Business

Mailing Address

20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

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

2. New Principal Office Address, If Applicable

825 Arthur Godfrey Road
Suite, Apt. #, etc.

Second Floor

City & State

Miami Beach, Florida

Zip

33140

Country

U.S.A.

3. New Mailing Office Address, If Applicable

825 Arthur Godfrey Road
Suite, Apt. #, etc.

Second Floor

City & State

Miami Beach, Florida

Zip

33140

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1981

5. FEI Number

NOT APPLICABLE

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
DPT	BIENSTOCK, ETTY	3442 STANLEY ST.	MONTREAL, QUEBEC H3A 1G2
DVS	BOROD, ERIT	3442 STANLEY ST.	MONTREAL, QUEBEC H3A 1G2
			300004717489--2 -12/10/01--01114--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CYPEN, STEPHEN H
825 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11.19.01

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

Date

Daytime Phone #

ETTY BIENSTOCK President Nov 15/01 514 845 2914

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