

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 AUG 15 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000015240

1. Corporation Name

Thinking Craft, Inc.

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

17221 NE 11th Ct

Suite, Apt. #, etc

3. Mailing Office Address

17221 NE 11th Ct

Suite, Apt. #, etc

City & State

Miami, FL

City & State

Miami, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 14, 2000

5. FEI Number

65-0981379

☐ 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

MARK KNOBEL

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

17221 NE 11th Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33162

000238536170

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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

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
P/S	MARK KNOBEL	17221 NE 11 th Ct	MIAMI, FL 33162
		AUG 15 2012	AUG 14 2012
		T. SCOTT	T. SCOTT

10. E-mail Address: MKNobel@thinkingcraft.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:

MARK KNOBEL

August 7th, 2012 (305) 799 4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #