

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN -4 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051636

1. Corporation Name

Easy Tile, Inc.

2. Principal Office Address

2457 Collins Ave. #203

Suite, Apt. #, etc.

203

City & State

Miami Beach, FL

Zip

33140

Country

US

3. Mailing Office Address

2457 Collins Ave. #203

Suite, Apt. #, etc.

203

City & State

Miami Beach, FL

Zip

33140

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/25/2000

5. FEI Number

65-1012851

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 Katsman ESQ.

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

5 Island Ave.

Suite, Apt. #, Etc.

15D

City

Miami Beach,

State
FL

Zip Code
33139

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

REGISTERED AGENT MUST SIGN

Date

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
PD	Natan Hayun	2457 Collins Ave. #203	Miami Beach, FL 33140
VPD	Natan Hayun	2457 Collins Ave. #203	Miami Beach, FL 33140

10. 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:

NATAN HAYUN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)