

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUN 25 AM 11:26

DOCUMENT # P01000022063

1. Corporation Name

METHOD PRODUCTS CORP.

REINSTATEMENT

03-07

CR2E081 (1/07)

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

19495 Biscayne BLVD.

3. Mailing Office Address

19495 Biscayne BLVD.

Suite, Apt. #, etc.

Suite 705

Suite, Apt. #, etc.

Suite 705

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

Miamia Dade

Zip

33180

Country

Miamia Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/2001

5. FEI Number

113456837

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

Brian Goldenberg

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

19495 Biscayne BLVD

Suite, Apt. #, Etc.

Suite 705

City

Aventura

State

FL

Zip Code

33180

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 June 19th, 2007

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
D	Brian Goldenberg	19495 Biscayne BLVD, Suite 705	Aventura, FL 33180

500104823345  
06/25/07--01038--019 \*\*750.00

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 contained in Chapter 119, 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:

Brian Goldenberg

June 19th, 2007

305-937-0116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #