

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 JAN 22 AM 8:40

DOCUMENT # P01000022171

1. Corporation Name

Extrakt, Inc

300086810189
01/31/07--01031--013 **\$900.00

REINSTATEMENT

02-07

CR2E081 (1/07)

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

7443 nw 34 St

3. Mailing Office Address

18414 nw 11 Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Pembroke Pines, FL

Zip
33319

Country
USA

Zip
33029

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2001

5. FEI Number

45-1079134

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
Jason Baker

Street Address (P.O. Box Number is Not Acceptable)
2959 NW 68 Ave

Suite, Apt. #, Etc.

City
margate

State
FL

Zip Code
33063

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **01/19/07**

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
Pres	Troy Henry	18414 nw 11 Ct	Pembroke Pines, FL 33029

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date **01/19/07**

Daytime Phone #