

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB -7 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134283

1. Corporation Name

EIT HOLDING CORPORATION

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

3510 NE 167th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33160

Country

USA

3. Mailing Office Address

3510 NE 167th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2002

5. FEI Number
45-0512107

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, P.A.

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

1840 SW 22nd St.

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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.

SPIEGEL & UTRERA, P.A.

Signature of
Registered Agent

NATALIA UTRERA, VICE PRESIDENT

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
PSD	Lida Shukrie	212 191st Street	North Miami Beach, FL 33160
T	Egra Shukrie	212 191st Street	North Miami Beach, FL 33160
D	Nissan Shukrie	212 191st street	North Miami Beach FL 33160

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

Date

Daytime Phone #

REINSTATEMENT 06-08

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