

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

06 JUN 12 AM 8:35

DOCUMENT # PD3000035386

1. Corporation Name

PLATINUM HOUSE INC.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

6700 16th St. So.

Suite, Apt. #, etc.

3. Mailing Office Address

6700 16th St. So.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

33705

Country

United States

City & State

St. Petersburg FL

Zip

33705

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/2003

5. FEI Number

421585244

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 Gorbin

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

6700 16th St. So.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33705

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 6/1/06

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
President	MARK Gorbin	6700 16 th St. So.	St. Petersburg, FL 33705
Vice President	Willie T. Gorbin Jr.	6700 16 th St. So.	St. Petersburg FL 33705

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:

MARK Gorbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/06

Date

727-320-6620

Daytime Phone #