

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000094664

1. Corporation Name

Ibrain Smart Floor Inc.

2. Principal Office Address
1910 NW 14th St

Suite, Apt. #, etc.

City & State
Miami Florida

Zip
33125

Country
FL

3. Mailing Office Address
1910 NW 14th St

Suite, Apt. #, etc.

City & State
Miami Florida

Zip
33125

Country
FL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEIN Number
20-0188195

Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

3075 Article of Incorporation
and Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ibrain Diaz

Street Address (P.O. Box Number is Not Acceptable)
1910 NW 14th St

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33125

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 09-03-05

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
	Ibrain Diaz	1910 NW 14th St	Miami FL 33125

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 a 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 118.07(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:

President

09-03-05

786-277-7317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #