

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

*2007 Annual Report*  
**CORPORATION**  
**REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 JUL 10 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P03000094664  
Ibrain Smart Floor, Inc

2. Principal Office Address

1910 NW 14 th st

3. Mailing Office Address

1910 NW 14 th st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

MIAMI FL

Zip

33125

Country

FL

Zip

33125

Country

FL

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0188195

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

Ibrain Diaz

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

1910 NW 14 th 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

05-02-07

Date

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
Pr.	Ibrain Diaz	1910 Nw 14 th 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 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 under section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-02-07 (786)277-7317

Date

Daytime Phone #

CR2E001 (01/05)

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

05 / 02 / 2007

To whome it mat concern;

The Corp, Ibrain Smart Floor, Inc; would like to inform

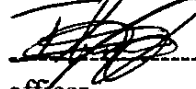
The State of Florida Secretary of State Division Corp...

The following numerous attempts have been made on my behalf  
to make my payment through website [www.sunbiz.org](http://www.sunbiz.org). Unfortunately I' ve been  
unsuccessful.

There for Iam hindly requesting to parden and consider to wave  
any late charges,

Having said that the website has been failing to process my  
application.

Corporation Name  
Ibrain Smart Floor Inc

  
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officer

#document P03000094664