

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000013446

1. Corporation Name

EDOMAT US INC

WI-10581

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

20533 Biscayne Blvd

Suite, Apt. #, etc.

Suite 368

City & State

AVENTURA

Zip

33180

Country

3. Mailing Office Address

20533 Biscayne Blvd

Suite, Apt. #, etc.

Suite 368

City & State

AVENTURA

Zip

33180

Country

4. Date Incorporated or Qualified
To Do Business in Florida

January 17th 2005

5. FEI Number

202238872

☒ 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

Richard Malek

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

20225 NE 34th Ct

Suite, Apt. #, Etc.

Apt. 2213

City

AVENTURA

State

FL

Zip Code

33180

☒ 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

REGISTERED AGENT MUST SIGN

Date February 26th 2010

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.	Christian Odemann	Mittlerestr. 16	Basel - Switzerland

REINSTATEMENT

RH

10. E-mail Address: EDOMATUSINC@GMAIL.COM

(To be used for future annual report notification)

11. 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, I further certify, 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

CHRISTIAN ODEMAN

3/12/10

Date

Daytime Phone #

FILED
10 MAR 15 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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