

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 FEB 18 PM 1:17

POS000168224

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 \$150
2007 \$150 } \$450
2008 \$150 }

CR25081 (12/07)

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																	
DOCUMENT # 1. Corporation Name me You and us, inc POS000168224																	
2. Principal Office Address (Not P.O. Box) 7558 volley Place Lake Worth 33467 FL	3. Mailing Office Address 20401g830																
4. Is this corporation a foreign corporation? ☐ Yes ☒ No																	
5. Is this corporation a subsidiary of a foreign corporation? ☐ Yes ☒ No																	
6. Is this corporation a subsidiary of a foreign corporation? ☐ Yes ☒ No																	
7. Name and Address of Current Registered Agent Name: <u>Eran Rabbe</u> Street Address (P.O. Box Number is Not Acceptable): <u>7558 volley place</u> Suite, Apt. # Etc.: <u>---</u> City: <u>Lake Worth</u> State: <u>FL</u> Zip Code: <u>33467</u>																	
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:  2.10.08 REGISTERED AGENT MUST SIGN																	
9. Names and Street Addresses of Each Officer, Director (Florida corporation only) or Director (foreign corporation) (Must list at least 3 Directors) <table border="1"> <thead> <tr> <th>Title</th> <th>Name</th> <th>Street Address of Each Officer and/or Director</th> <th>City, State, Zip</th> </tr> </thead> <tbody> <tr> <td>owner</td> <td>Eran Rabbe</td> <td>7558 volley place</td> <td>Lake Worth, FL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Title	Name	Street Address of Each Officer and/or Director	City, State, Zip	owner	Eran Rabbe	7558 volley place	Lake Worth, FL								
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owner	Eran Rabbe	7558 volley place	Lake Worth, FL														
RH REINSTATEMENT 1-08																	
10. I certify that I am the officer or director of the corporation and that the information provided in this application is true and correct. I am not aware of any other information that would cause the corporation to be considered a defunct corporation under the laws of the State of Florida. Signature:  Eran Rabbe 2.10.08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	

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