

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

09 NOV 30 AM 11:58

DOCUMENT # P06000136668

1. Corporation Name

Deep Splash Inc

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

1100 W OAKLAND PK BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

1100 W OAKLAND PK BLVD

Suite, Apt. #, etc.

City & State

WILTON MANORS, FL

City & State

WILTON MANORS, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 10/27/2006

5. FEI Number

205784815

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

ASAF KOHEN

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

1100 W OAKLAND PK BLVD

Suite, Apt. #, Etc.

City

WILTON MANORS

State

FL

Zip Code

33311

☒ 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 11/24/2009

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
P	ASAF KOHEN	1100 W OAKLAND PK BLVD	WILTON MANORS
VP	LIRAN PORTAL	1100 W OAKLAND PK BLVD	WILTON MANORS

10. E-mail Address: deepsplashinc@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:

ASAF KOHEN

11/24/09

3617492444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #