

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 OCT 17 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P07000014385 1. Entity Name 215 GROUP INC.	
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Principal Place of Business 14 HUDSON PLACE CRANSTON, RI 02905	Mailing Address 14 HUDSON PLACE CRANSTON, RI 02905
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10022008 REIN-P CR2E098 (1/07)

4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER (EKD) 201 S. BISCAYNE BOULEVARD MIAMI, FL 33131
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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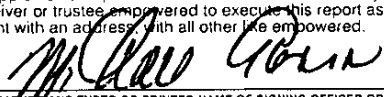
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST AARONSON, MICHAEL 14 HUDSON PLACE CRANSTON, RI 02905 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 500137017225 10/17/08--01035--008 **750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VGM AARONSON, NOAH 14591 ROYAL OAKS LANE, BLDG 2, APT 1006 NORTH MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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REINSTATEMENT

2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: 	10-17-08	401-286-6774
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL AARONSON, PRESIDENT