

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000127155

1. Corporation Name

National Bidet, Corp.

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

7150 Indian Creek Dr

Suite, Apt. #, etc.

404

City & State

Miami Beach, Florida.

Zip

33141

Country

U.S.A

3. Mailing Office Address

7150 Indian Creek Dr

Suite, Apt. #, etc.

404

City & State

MIAMI BEACH, FL 33141

Zip

33141

Country

7. Name and Address of Current Registered Agent

Name

Karel Giron-Milan

Street Address (P.O. Box Number is Not Acceptable)
7150 INDIAN CREEK DR, APT# 404,

Suite, Apt. #, Etc.

404

City

Miami Beach, Florida.

State

FL

Zip Code

33141

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

Jan 25, 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
PD	Karel Giron-Milan	7150 Indian Creek Dr	MIAMI BEACH, FL 33141
SD	Liora Ramati	7150 Indian Creek Dr	MIAMI BEACH, FL 33141

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 contained in Chapter 119, 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

Date

Jan 25, 2009

Daytime Phone #

786/325-6593

FILED

09 FEB -9 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500142418275
02/09/09--01055--013 **150.00

REINSTATEMENT

08-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

December 4, 2007

5. FEI Number
26-1506289

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

☒ 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.