

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000019518

**FILED**  
**Dec 10, 2014**  
**Secretary of State**

**Entity Name:** IKONE INTERNATIONAL, INC.

**Current Principal Place of Business:**

3370 NE 190TH STREET  
UNIT 2311  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3370 NE 190TH STREET  
UNIT 2311  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 37-1718501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISHMAN, KEVIN  
3370 NE 190TH STREET  
UNIT 2311  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** KEVIN FISHMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FISHMAN, KEVIN  
**Address:** 3370 NE 190TH STREET, UNIT 2311  
**City-St-Zip:** AVENTURA, FL 33180

**Title:** VP  
**Name:** CASTRO, KORIN  
**Address:** 3370 NE 190TH STREET, UNIT 2311  
**City-St-Zip:** AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KORIN CASTRO

VP

12/10/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date