

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000056600

1. Entity Name
FLESHTONE MIAMI, INC.



FILED

07 JAN 24 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**280 ESPANOLA WAY
MIAMI, FL 33139**

Mailing Address
**280 ESPANOLA WAY
MIAMI, FL 33139**

Handwritten signature/initials



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1142006 REIN-P CR2E098 (1/1/05) 05-07

4. FEI Number
65-0779640

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BOTWINICK, RANDY
110 98 BISCAYNE BLVD SITE 405
MIAMI, FL 33161**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE **1/10/07**

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	700082619587	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUBMAN, ERIC		NAME	12/18/06--01058--016	**600.00
STREET ADDRESS	381 CLINTON ST.		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	700082619537	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGENDORF, SCOTT		NAME	12/18/06--01058--017	**158.75
STREET ADDRESS	527 HUDSON ST #4		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10014		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIWARI, NAVIN		NAME		
STREET ADDRESS	90-66 202 STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLIS, NY 11423		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	700082619537	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	01/30/07--01017--017	**150.00
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *Navin Tiwari* **12/13/06** *(212) 685-6871*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone: