

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
01 APR 23 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **448795**  
1. Corporation Name **SONIA M. BLAIR INC**

2. Principal Office Address

**2920 Segovia St**  
Suite, Apt. #, etc.

3. Mailing Office Address

**Same**  
Suite, Apt. #, etc.

City & State

**CORAL GABLES**

Zip Country

**33134 Dade**

City & State

**FLA**

Zip Country

**33134 DADE**

4. Date Incorporated or Qualified To Do Business in Florida

**May 1973**

5. FEI Number

**59-1654163**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**Active**

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Sonia M. Blair President**

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

**2920 Segovia Street**

Suite, Apt. #, Etc.

**CORAL GABLES**

City

**FLA**

900004194599-0

-05/10/01--01134--009

State \*\*\*1350.00 \*\*\*13.75

FL 33134 1350.00

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

**Sonia M. Blair**  
REGISTERED AGENT MUST SIGN

Date

**4/17/2001**

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

**Sonia M Blair**  
**President**

**2920 Segovia St**

**Coral Gables**  
**Fla 33134**

**owner of 100% stock**

**REINSTATEMENT 97-01**

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 under section 119.07(3)(i), 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:

**Sonia M Blair**

Date

**4-17-2001**

Daytime Phone #

**305**

**446-8695**

CR2E081 (9/00)