

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 14 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000061390**

1. Corporation Name

THE SOVEREIGN GROUP, INC.

2. Principal Office Address

388 MIRACLE MILE

3. Mailing Office Address

388 MIRACLE MILE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

Zip

33134

Country

USA

REINSTATEMENT 08-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0840029

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARCIA-RIOS, JOSE

000003222590-6

Street Address P.O. Box Numbers Not Permitted

600 NE 31 STREET

04/25/00 01029 005

***1050.00 ***1050.00

Suite, Apt. #, Etc.

A-23

City

MIAMI

State

FL

Zip Code

33137

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 **3-27-00**

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
P	JOSE GARCIA-RIOS	600 NE 31 STREET, # A-23	MIAMI, FLORIDA 33137
V.P.	RICKY LAZOFF	CALLE CESAR GONZALEZ HATO REY, PUERTO RICO 00918	

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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)(f), 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:

PRINT OR TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE GARCIA-RIOS

3-27-00

Date

(305) 448-037

Daytime Phone #