

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

01 MAY 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-01 UBF

DOCUMENT # PS80000 43839
 1. Corporation Name SOPRANO + ASSOCIATES, INC.

2. Principal Office Address 6410 Longlake DR.
 Suite, Apt. #, etc.
 City & State PORT ORANGE
 Zip 32124 Country USA

3. Mailing Office Address SAME
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5-13-1998

5. FEI Number 59-3512317
 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 Joseph J. Soprano

Street Address (P.O. Box Number is Not Acceptable) 6410 Longlake DR
 Suite, Apt. #, Etc.
 City PORT ORANGE State FL Zip Code 32124

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****300.00 ****300.00
LS

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 Joseph J. Soprano Date MAY 24, 2001
 REGISTERED AGENT MUST SIGN

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
Pres.	Joseph J. Soprano	6410 Longlake DR	PORT ORANGE, FL. 32124

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: Joseph J. Soprano Joseph J. Soprano Date 5-24-01 Daytime Phone # 904-304-8473
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE081 (9/00)

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Marketing Consultants • Corporate Communications • Web Development

May 24, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Enclosed you will find a check for \$300.00 for reinstatement of my corporation (For 2000 & 2001) along with the reinstatement form. While checking out a corporate name for a client I became aware of my companies status. I spoke to someone in your office and they told me to write this letter explaining what may have happened to the yearly renewal forms.

I moved from 1401 S. Palmetto Ave in Daytona Beach. After checking out your web site (sunbiz.com) I became aware that the mailing address was incorrect and that is where the forms were being sent. I never received anything from the Division of Corporations since that time. I can be reached at the phone number on this letterhead if needed.

Please reinstate my company as soon as possible.

Sincerely,

A handwritten signature in cursive script that reads "Joseph J. Soprano".

Joseph J. Soprano
President