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

99-00 UBR

FILED

00 JUN -6 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000060819
1. Corporation Name
Sosaabe Corporation

Principal Place of Business Mailing Address
~~7108 NW 169th St~~
~~Miami, FL 33055~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1000 Ponce de Leon Blvd.
Suite, Apt. #, etc. 328
City & State Coral Gables, FL
Zip 33134 Country USA

3. New Mailing Office Address, If Applicable
1000 Ponce de Leon Blvd.
Suite, Apt. #, etc. 328
City & State Coral Gables, FL
Zip 33134 Country USA

4. Date Incorporated or Qualified To Do Business in Florida
July 9, 1998
5. FEI Number Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Edgar M. Duarte	1000 Ponce de Leon Blvd. Suite 328	Coral Gables, FL 33134
			4000003321694-2 -07/13/00--01012--007 ****300.00 ****300.00

Mr. Duarte authorized me to add him as president on 6/16/00 (A)

8. Name and Address of Current Registered Agent
Edgar M. Duarte
1000 Ponce de Leon Blvd.
Suite 328
Coral Gables, FL 33134

9. Name and Address of New Registered Agent
Name N/A
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. N/A
City N/A State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Edgar M. Duarte REGISTERED AGENT MUST SIGN Date 7-1-00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Edgar M. Duarte SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11-1-99 Daytime Phone # 305-854-0212

CR2E01 (12/98)

- DO NOT REMOVE -

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Edgar M. Duarte
SOSAABE CORPORATION
1000 Ponce De Leon Boulevard
Suite 328
Coral gables, Florida 33134
(305) 825-7999-O (305) 854-8676-F

June 1, 2000

Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

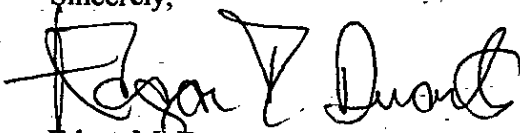
To Whom It May Concern:

I am requesting a waiver review for the reinstatement of my company, Sosaabe Corporation. I deeply regret not having sent the State the information and fees required in maintaining the company active.

The reason for the delay was a change of address and the dismissal of my CPA, who I entrusted to keep my accounts and business documents in order. I as you give due consideration in reinstating the company as soon as possible.

I am a small business and can not afford any additional costs to reopening the business and informing my clientele of a new name and the purchases of business cards and letterhead. If you should have any questions, please do not hesitate to call me. I can be reached at (305) 825-7999.

Sincerely,


Edgar M. Duarte

Enc.: \$300.00 reinstatement fee