


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAY -3 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S98228

1. Corporation Name
SOFER PROPERTIES, INC.

700074359967
05/11/06--01005--021 **1617.50

REINSTATEMENT 04-06
91058-75

2. Principal Office Address 666 SHERBROOKE STREET WEST Suite, Apt. #, etc. #2300 City & State MONTREAL QUEBEC Zip H3A1E7 Country CANADA		3. Mailing Office Address 666 SHERBROOKE STREET WEST Suite, Apt. #, etc. #2300 City & State MONTREAL QUEBEC Zip H3A1E7 Country CANADA	
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4. Date Incorporated or Qualified To Do Business in Florida 12/4/91

5. FEI Number 98-0122866 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

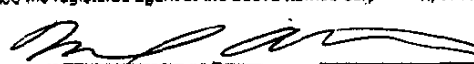
Name: **MARK ALLSWORTH, ESQ.**

Street Address (P.O. Box Number is Not Acceptable): **DOUMAR, ALLSWORTH, ET AL**

Suite, Apt. #, Etc.: **1177 SE 3RD AVENUE**

City: **FORT LAUDERDALE** State: **FL** Zip Code: **33316**

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:  Date: **4-28-06**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	JACK SOFER	666 SHERBROOKE STREET WEST #2300	MONTREAL QUEBEC CANADA H3A1E7

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)(l), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: Daytime Phone #:

gltw