


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 16 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S98229

1. Corporation Name

Sofer Holdings, Inc.

2. Principal Office Address
666 Rue Sherbrooke Street West

3. Mailing Office Address

Suite, Apt. #, etc.
2300

Suite, Apt. #, etc.

City & State
Montreal Quebec

City & State

Zip
H3A1E

Country
Canada

Zip

Country

REINSTATEMENT

04-06

4. Date Incorporated or Qualified To Do Business in Florida June 12, 2006

5. FEI Number 980122867

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) 1177 Southeast Third Avenue

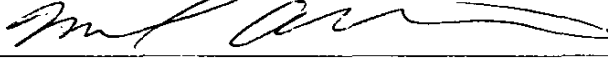
Suite, Apt. #, Etc.

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 6/12/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Sofer, Jack	666 Rue Sherbrooke Street West, #2300	Montreal Quebec, Canada H3A1E

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 contained in Chapter 119, 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

Jack Sofer, President

6-12-06

Date

Daytime Phone #

10/2006