

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

448795
SONIA M. BLAIR INC

1. Corporation Name

2. Principal Office Address

2920 Segovia St Same
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Gables

Zip Country

33134 Dade

City & State

FLA

Zip Country

33134 Dade

4. Date Incorporated or Qualified
To Do Business in Florida

May 1973

5. FEI Number

59-1654163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Active

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sonia M. Blair President

Street Address (P.O. Box Number is Not Acceptable)

2920 Segovia Street

Suite, Apt. #, Etc.

City

Coral Gables

FLA

900004194599-0

-05/10/01--01134--009

State ***150.00 ***150.00

FL 33134 1350.00

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

Sonia M. Blair
REGISTERED AGENT MUST SIGN

Date

4/17/2001

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

Sonia M. Blair
President

2920 Segovia St

Coral Gables

FLA 33134

owner of 100% stock

REINSTATEMENT 97-01

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:

Sonia M. Blair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-2001

Daytime Phone #

305

446-8695