

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS / 82

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 25 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **639158**

1. Corporation Name
SOAME INTERNATIONAL INC.

2. Principal Office Address
257 ATLANTIC AVE.

3. Mailing Office Address
257 ATLANTIC AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami Beach FL

City & State
North Miami Beach FL

Zip Country
33160 U.S.

Zip Country
33160 U.S.

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida
10-9-79

5. FEI Number **1950506**
59-1080890 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$375 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name **JOSE A. FERNANDEZ** **400035786444**
Street Address (P.O. Box Number is Not Acceptable) **257 ATLANTIC AVE.** **400035786444**
Suite, Apt. #, Etc. **05/25/04--01063--003 **\$00.00**
City **North Miami Beach** State **FL** Zip Code **33160**

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 **Jose A. Fernandez**
REGISTERED AGENT MUST SIGN

Date **5-1-04**

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.	JOSE A. FERNANDEZ	257 ATLANTIC AVE	North Miami Beach FL 33160
VP	JOSE A. FERNANDEZ	1801 SW 10 AVE	MIRAMAR FL 33023
Treas	LOURDES CRUZ	15103 TATENSHALL RD.	SW, RAUCHES FL 33331

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: **Jose A. Fernandez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-2-04** Daytime Phone # **786-286-3750**

CR2E081 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 17, 2004

SOAME INTERNATIONAL, INC.
257 ATLANTIC AVENUE
NORTH MIAMI BEACH, FL 33160

SUBJECT: SOAME INTERNATIONAL, INC.
Ref. Number: 639158

We have received your document for SOAME INTERNATIONAL, INC. and your check(s) totaling \$900.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please be advised that we are unable to honor your request for waiver, or reduction, of the late fees, or penalties. The corporation failed to respond by the due date, as a result, the corporation has been administratively dissolved or revoked. You will need to reinstate the corporation and pay all applicable fees.

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$61.25 filing fee per year for the years 1999 through the current year, \$88.75 corporate supplemental fee for the years 1992 forward.

Therefore, the total fee to file the reinstatement is \$1500.00. Add an additional \$8.75 for each certificate of status requested.

There is a balance due of \$600.00. If a certificate of status is desired, please add an additional \$8.75

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 304A00034564