

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OFFICE
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 12:56

DOCUMENT # **693628**

1. Corporation Name

STEVEN M. SOROKA SALES COMPANY, INC.

Principal Place of Business

Mailing Address

~~4302 W. HENDERSON BLVD STE 110~~
~~TAMPA FL 33629~~

PO BOX 320465
TAMPA FL 33679



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number
59-2105861

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	City / State / Zip
DP	SOROKA, STEVEN	13616 WATERFALL WAY 1028 Royal Pass Rd	TAMPA FL 33602
DVP	SOROKA, SUSAN	13616 WATERFALL WAY 1028 Royal Pass Rd	TAMPA FL 33602

600004669026--3
-11/06/01--01054--022
******150.00 ****150.00**

10/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOROKA, STEVEN M
~~4302 W. HENDERSON BLVD STE 110~~
~~TAMPA FL 33629~~

Name

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

4100 West Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 230

City

Tampa

State

FL

Zip Code

33602

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-17-01**

11. I certify that I am an officer or director of 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:

[Signature]
Steven Soroka

10-17-01 813-639-0139

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

SMS

Soroka Sales Co., Inc.

MANUFACTURER'S REPRESENTATIVE

October 17, 2001

P.O. BOX 320465
TAMPA, FLORIDA 33679-2465
(813) 250-0541
FAX (813) 250-9461

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

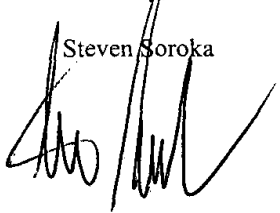
To Whom It May Concern:

Per your instructions, enclosed is my check for \$150.00. I never received a bill or any Notification when it was due. As the records will show, I have been a Florida Corporation for many years and never missed a filing.

Please note new addresses on the enclosed Application. Thank you for your help.

Sincerely,

Steven Soroka



"ONLY THE SUN COVERS FLORIDA BETTER THAN US!"