

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F05000000200**

**1. Corporation Name**

Sova Enterprise, Inc.

**2. Principal Office Address - No P.O. Box #**

6017 Pine Ridge Road

Suite, Apt. #, etc.

Suite 381

City & State

Naples, FL

Zip

34119

Country

Collier

**3. Mailing Office Address**

6017 Pine Ridge Road

Suite, Apt. #, etc.

Suite 381

City & State

Naples, FL

Zip

34119

Country

Collier

**7. Name and Address of Current Registered Agent**

Name

Vasil Ivanov, Jr

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

6017 Pine Ridge Road

Suite, Apt. #, Etc.

Suite 381

City

Naples

State

FL

Zip Code

34119

**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

REGISTERED AGENT MUST SIGN

Date 10/7/2009

**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
CEO	Vasil Ivanov Jr.	6017 Pine Ridge Road Suite 381	Naples FL 34119
Sec	Vasil Ivanov	6017 Pine Ridge Road Suite 381	Naples FL 34119

**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

10/07/2009  
Date

239 352 7851  
Daytime Phone #

FILED

09 OCT -9 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 07-09

200161540542

10/09/09--01024--016 \*\*\*450.00

CR2E081 (12/08)

**4. Date Incorporated or Qualified  
To Do Business in Florida** 1/5/2005

**5. FEI Number**  
20-1972040

☐ Applied For  
☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

200161540542  
10/09/09--01024--017 \*\*\*8.75