APPLICATION FOR REINSTATEMENT Sandra B. Monthern Secretary of State, DOCUMENT # APPROXO 390 Principal Plant of Business AVE 3 NORTE, ENRIQUE GENZLER AVE 3 NORTE CONTROLLER AVE 5 NORTE CONTROLLER AVENUA OF A NO	,	. PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
1. Corporation Name SOFEL CORPORATION SOFEL CORPORATION	APPLICATION FLORIDA			A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State,		FILED		
SOFEL CORPORATION SOFEL CORPORATION Foreign Process of Business AME 5 NORTH, ENRIQUE GRAZITR AND AME 5 NORTH ENRIQUE GRAZITR AND AME 5 NORTH ENRIQUE GRAZITR ENRIQUE GRAZITR AME 5 NORTH, AME 5 NORTH ENRIQUE GRAZITR ENRIQUE GRAZITR ENRIQUE GRAZITR AME 5 NORTH AME 5 NORTH ENRIQUE GRAZITR ENRIQUE						i		
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EL CANGREJO. APARIADO POSTAL 1082 PANAMA 9-A **RADICADO POSTAL 1082 **RADICADO POS	· · · · · · · · · · · · · · · · · · ·						-06/12/9701111008 ****915.00 ****915.00	
2. New Principal Office Address. If Applicable 3. New Mailing Address, If Applicable 4. Date Incorporated of On-20-1904 5. FER Invitible 5. FER Invitable 5	EL CANGREJO, APARTADO POSTAL 1082 EL CANGREJO, APARTADO POSTAL 1082					6000022107167 -06/12/9701111009 ****902.50 *******8.75		
Soles, As, e.C. Soles,						Date Incorporated or Qualified To Do Business in Florida		
To Country To Country To Country To Centrificate of Status Desired Self-Status Desired Desired Self-Status Desired De	Suite, Apt. #, etc. Suite, Apt. #,			etc.				
7. Names and Street Addresses of Each Officer and/or Director (Florids nonprolit corporations must list at least 5 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florids nonprolit corporations must list at least 5 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florids and/or Director) 7. Names and Officers (Florids and/or Director) 8. Name Street Addresses of Each Officer and/or Director (Florids and/or Director) 9. Name Street Addresses of Each Officer and/or Director (Florids and/or Director) 10. North Armonia Street Addresses of Each Officer and/or Director (Florids and/or Director) 10. North Armonia Street Addresses of Each Officer and/or Director (Florids and/or Director) 10. North Armonia Street Addresses of Each Officer and/or Director (Florids and/or Director) 10. North Armonia Avenue (Florids and Director) 10. North Armonia Avenue (Florids and Director) 10. North Armonia Avenue (Florids and Director) 10. North Armonia Street Addresses of Now Registered Agent (Florids and Director) 10. North Armonia Street Addresses of North Armonia Avenue (Florids and Director) 10. North Armonia Street Addresses of North Armonia Street Addresses of North Armonia Street Addresses (Florids Street Addresses of North Armonia Street Addresses (Florids Street Addresses of North Armonia Street Addresses (Florids Street Addresses of North Armonia Street Addresses of North Armonia Street Addresses (Florids Street Addresses of North Armonia Street Addresses of North Armonia Street Addresses of North Armonia Street Addresses (Florids Street Addresses of North Armonia Street Addresses of North Arm	City & State City & State			L.				
Name of Officers and/or Directors 3 (Do Not Use Post Office Box Numbers) 4 City / Statisty 8.75 PC PORRAS, JUAN CARLOS D AVENIDA 5A NORTE ENRIQUE GENZIER EL CANGREJO NO 17-140 PANAMA IS PORRAS, JUAN CARLOS D AVENIDA 5A NORTE ENRIQUE GENZIER EL CANGREJO NO 17-140 PANAMA IT PORRAS, JUAN CARLOS D AVENIDA 5A NORTE ENRIQUE GENZIER EL CANGREJO NO 17-140 PANAMA V ROSENTHAL, MARK S 8000 F. NORTH ARMENIA AVENUE TAMPA, FLORIDA 33604 REINSTATEMENT 96-97 B. Name and Address of Current Registered Agent Name PERRY G. GREMAN, P.A. Street Address of Course North Armenia Ave. Tampa, Florida 33604 Suria, Apt. #, Etc. City TAMPA State 29 Code FL 330009 10. I. being appointed the registered agent the above name" corporation, and termillar with and accept the obligations of Section 607,0505, F.S. Signature of Agent Agent Name Perror of Section 607,0505, F.S. Signature of Agent Name	Zip	Country	Zıp	Countr	у	CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status	
Triefe(s) 2 and/or Directors 3 (Do Not Directors 1 (Do Not Directors 2 (Do Not Directo	7. Names a		or Director (Flo				FF \$9500	
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PORRAS, JUAN CARLOS D AVENDA 5A NORTE ENRIQUE GENZIER EL CANGREJO NO 17-140 PANAMA V ROSEVIHAL, MARK S 8000 E. NORTH ARMENTA AVENUE TAMPA, FLORIDA 33604 REINSTATEMENT 96-97 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name PERRY G. GRIMAN, PA. Name PERRY G. GRIMAN, PA. Street Address (P.O. Box Number is Not Acceptable) 3400 W. KENNEDY BOULEVARD Suite, Apt. 8. Etc. City TAMPA Tampa, Florida 33609 10. I, being appointed the registered agent per corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Agent PLANAMA	PC	PORRAS, JUAN CARLOS D AVENIDA 5A			NORTE ENRIQUE	GEENZIER	EL CANGREJO NO 17-140 PANAMA	
REINSTATEMENT 96-97 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent Name PERRY G. GREMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 3000 E. North Armenia Ave. Tampa, Florida 33604 Street Address (P.O. Box Number is Not Acceptable) 3000 W. KENNEDY BOULEVARD Surie, Apt. #. Etc. City TAMPA FL 33609 10. I, being appointed the registered agent the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Agents of Agents of Registered Agent MUST SIGN 11. Is this corporation pay any intangible tax to the City Tampa Person of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax) 12. Ido hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer of director or the receive or trustee empowered to execute this application as provided for in chapter 607 or 617. F.S. I further certify that when Ising tees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under eath.	DS	PORRAS, JUAN CARLOS D AVENTDA			NORTE ENRIQUE	GEENZIER	EL CANGREJO NO 17-140 PANAMA	
REINSTATEMENT 96-97 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name 9. PERRY G. CRUMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 3400 W. KENNEDY BOLLEVARD Sune, Apt. #, Etc. City TAMPA 10. I, being appointed the registered agent is the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Registered Agent Must sign 11. Is this corporation pay any intangible tax to the Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) 12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and dose not qualify for the event that the information supplied is deemed oxympt from public access. I certify that I am an officer of director or the receiver or trustee empowered to sexcute that application as professions from any liability of non-compliance with Section 119.07(3)(4) in the event that the information supplied is deemed oxympt from public access. I certify that I am an officer of director or the receiver or trustee empowered to sexcute that applications of 1970-0041, F.S. I turther certify that the information have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under ceth.	dr	PORRAS, JUAN CARLOS D AVENTO			A 5A NORTE ENRIQUE GEENZIER EL CANGREJO NO 17-140 PANAMA			
8. Name and Address of Current Registered Agent Name PERRY G. GRIMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 34.00 W. KENNEDY BOLLEVARD Suite, Apt. #, Etc. City TAMPA State Zip Code Suite, Apt. #, Etc. City TAMPA State Zip Code 33609 10. I, being appointed the registered agent is the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent State Signature of Registered Agent Must Sign 11. Is this corporation pay any intangible tax to the Registered Agent Registered Agent Must Sign 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that that I am an officer of director of the receiver of the seceeve this Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507.0401 or 617.0401, F.S., and that all reason of dissolution has been eliminated, the corporate name satisfies the requirements of section 507.0401 or 617.0401, F.S., and that all reason of the section of the receiver of information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under eath.	v	ROSEVIHAL, MARK S	8000 E. NORTH ARMENTA AVENUE		ENUE	TAMPA, FLORIDA 33604		
Mark S. Rosenthal 8000 E. North Armenia Ave. Tampa, Florida 33604 Street Address (P.O. Box Number is Not Acceptable) 3400 W. KENNEDY BOULEVARD Suine, Apt. #, Etc. City TAMPA State Zip Code FL 33609 10. I, being appointed the registered agent the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent State Zip Code Agent Registered Agent Registered Agent Registered Agent State Zip Code Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent State Signature Registered Agent Reg				REINSTATEMENT_96-97				
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City TAMPA State Zip Code 33609 10. I, being appointed the registered agent the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent State Zip Code 33609 11. Is this corporation pay any intangible tax to the State Signature of Registered Agent Must sign Registered Agent Must sign State Signature of Revenue under S. 199.032, Florida Statutes. Yes No Signature of Revenue under S. 199.032, Florida Statutes. Yes No Signature of Revenue under S. 199.032, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 mane satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	8000 E. North Armenia Ave. 3400					W. KENNEDY BOULEVARD		
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SIGNATURE: Mark S. Rosenthal, VP 3(26) Dayline Phone #								

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