

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT #

F94000003901

1. Corporation Name

SOFEL CORPORATION

Principal Place of Business

**AVE 5 NORTE, ENRIQUE GENZIER
EL CANGREJO, APARTADO POSTAL 1082
PANAMA 9-A**

Mailing Address

**AVE 5 NORTE, GENZIER
EL CANGREJO, APARTADO POSTAL 1082
PANAMA 9-A**

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
07-26-1994

5. FEI Number

593324550

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **FF \$25.00**
\$8.75 Additional Fee required
for a Certificate of Status

FF \$25.00
045 8.75

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PC	PORRAS, JUAN CARLOS D	AVENIDA 5A NORTE ENRIQUE GENZIER	EL CANGREJO NO 17-140 PANAMA
DS	PORRAS, JUAN CARLOS D	AVENIDA 5A NORTE ENRIQUE GENZIER	EL CANGREJO NO 17-140 PANAMA
DT	PORRAS, JUAN CARLOS D	AVENIDA 5A NORTE ENRIQUE GENZIER	EL CANGREJO NO 17-140 PANAMA
V	ROSENTHAL, MARK S	8000 E. NORTH ARMENIA AVENUE	TAMPA, FLORIDA 33604

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

**Mark S. Rosenthal
8000 E. North Armenia Ave.
Tampa, Florida 33604**

9. Name and Address of New Registered Agent

Name **PERRY G. GRUMAN, PA.**

Street Address (P.O. Box Number is Not Acceptable)
3400 W. KENNEDY BOULEVARD

Suite, Apt. #, Etc.

City **TAMPA**

State **FL**

Zip Code **33609**

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

Perry G. Gruman **President P. Gruman PA** Date **3-29-97**

REGISTERED AGENT MUST SIGN

11. Is this corporation pay any intangible tax to the
Department of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

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 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., 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.

SIGNATURE:

Mark S. Rosenthal **Mark S. Rosenthal, VP** 3/29/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)