

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporation
F94000003901

FILED

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DOCUMENT # F94000003901

1. Corporation Name

SOFEL CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

MARK S ROSENTHAL
8000 E NORTH ARMENIA AVE
TAMPA FL 33604

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07-26-1994

City & State

City & State

5. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

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 GEENZIER EL CANGREJO NO 17-140 P	EL
DS	PORRAS JUAN CARLOS D	AVENIDA 5A NORTE ENRIQUE GEEZIER EL CANGEJO NO 17-140 PANAMA	
DT	PORRAS JUAN CARLOS D	AVENIDA 5A NORTE ENRIQUE GEENZIER EL CANGREJO NO 17-140 PANAMA	
V	ROSENTHAL MARK S	8000 E. NORTH ARMENIA AVE	TAMPA FL 33604
REINSTATEMENT 99-0009			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERRY G. GRUMAN PA
3400 W. KENNEDY BLVD
TAMPA FL 33609

Name

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

Suite, Apt. #, Etc.

State

State

FL

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

Mark S Rosenthal, Pres.

Date

3/15/00

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Mark S Rosenthal

MARK S. ROSENTHAL, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #