PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT** 98 96

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

FILED
98 APR 24 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005341

1. Corporation Name

Sonolux, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 2100 Salzedo St.<br>Suite 304<br>Coral Gables, FL 33134 | |

900002504069--3
-04/28/98--01123--013
***1058.75 ***1058.75

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 |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: 11/01/95

5. FEI Number: 650631665 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 [illegible]

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 |
|---|---|---|---|
| P | Alberto Zamora | 10425 SW 89 Pl | Miami, FL 33186 |
| D | Ron Gottfried | 10775 Tea Olive Ln | Boca Raton, FL 33498 |
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| | | | |
| | | | |
| | | | |

REINSTATEMENT 98 98 4/24/98

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| C T Corporation System<br>1200 South Pine Island Rd.<br>Plantation, FL 33324 | Name: Ron Gottfried<br>Street Address (P.O. Box Number is Not Acceptable): 10775 Tea Olive Ln.<br>Suite, Apt. #, Etc.:<br>City: Boca Raton — State: FL — Zip Code: 33498 |

(Seal Area)

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] REGISTERED AGENT MUST SIGN — Date: April 23/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:** [signature] Ron Gottfried — April 23/98 — (305)444-4431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #