

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 # **F95000005767**

1 Corporation Name

SOSYTE NEG MAWON, INC

FILED

97 MAY 14 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

15611 SW 109TH TER

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15611 SW 109TH TER

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

USA

Zip

33196

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 28, 1995

5. FEI Number

65-058-8490

Applied For

Not Applicable

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
P	EMMANUEL COFFY	140 HEPBURN, RD # 15J	CLIFTON, N.J. 07012
V	DUMEL JOSEPH	58 FAIRFIELD AVE	STAMFORD, CT 06902
T	S. JEAN-HIRAM COFFY	44 IVY PL	NORWALK, CT 06854

700002184777--D

05/20/97 01043 0106

*****\$915.00 ***\$915.00**

5/19/97

8. Name and Address of Current Registered Agent

~~FRANCOISE MICHEL~~
FRANCOISE MICHEL
15611 SW 109TH TERRACE
MIAMI, FL 33196

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

X Françoise Michel

REGISTERED AGENT MUST SIGN

Date

5/13/98

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:

JEAN-HIRAM COFFY / Jean-Hiram Coffy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/97

Date

(203) 924-5744

Daytime Phone #

CR2E040 (12/96)