

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC 20 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G39306

1. Corporation Name

SOSIEGO CORPORATION

12-26-07

REINSTATEMENT 03-07

2. Principal Office Address - No P.O. Box #
c/o Ritter, Zaretsky & Lieber, LLP, 555 NE 15th Street

3. Mailing Office Address
c/o Ritter, Zaretsky & Lieber, LLP, 555 NE 15th Street

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33132

Country
USA

Zip
33132

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **5/2/83**

5. FEI Number
592297352

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
RUIZ CRISTOBAL

Street Address (P.O. Box Number is Not Acceptable)
c/o Ritter, Zaretsky & Lieber, LLP, 555 NE 15th Street

Suite, Apt. #, Etc.
Suite 100

City
Miami

State Zip Code
FL 33132

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-13-07**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NICOLAS VARGAS GUERRERO	555 NE 15th Street, Suite 100	Miami, FL 33132
VP, T, S	OLGA QUEVEDO	555 NE 15th Street, Suite 100	Miami, FL 33132

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12/20/07--01035--017 **1350.0

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12/20/07--01035--018 **8.75

10. 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 contained in Chapter 119, 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]

NICOLAS VARGAS GUERRERO

12-13-07 305-372-0933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]
ANA LUCIA GUERRERO TORRENTE

12-13-07