

2003  
2004/2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


05 JAN -6 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

1/6

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000018160

1. Limited Liability Company's Name

SOFINOR FINANCE, LLC

disso 9/26/03

2. Principal Office Address

931 Hillsboro Mile

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33062

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

July 18, 2002

6. FEI Number

75-3076541

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sandra Habal

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

931 Hillsboro Mile

200044233472

Suite, Apt. #, Etc.

01/06/05 01047-002 \*\*150.00

City

Pompano Beach

State

FL

Zip Code

33062

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Sandra Habal

Date

12-3-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Sandra Habal	931 Hillsboro Mile	Pompano Beach, FL33062

REINSTATEMENT

2003-2004  
2005

200044233472  
12/10/04--01031--002 \*\*150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager

Sandra Habal

Date

12-3-04

Daytime Phone #

954 946 2920

Typed or printed name of signing Managing Member/Manager

Sandra Habal

CR2E041 (10/02)