

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 27 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000007327**

1. Corporation Name

SOFT GRAPHICS INC

300008081103--4
-09/27/02--01065--007
****200.00 ****200.00

2. Principal Office Address

2000 S Dixie Hwy Suite 100M

3. Mailing Office Address

Suite, Apt. #, etc.

100M

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

Zip

Country

Zip

Country

33133

4. Date Incorporated or Qualified
To Do Business in Florida

01-24-2000

5. FEI Number

65-0977326

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

MICHEL HUYSMAN

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

2000 S. Dixie Hwy

Suite, Apt. #, Etc.

Suite 100M

City

MIAMI

State
FL

Zip Code

33133

300008081103--4
-09/27/02--01065--008
****550.00 ****550.00

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

REGISTERED AGENT MUST SIGN

Date

9-24-2000

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

Pr.

ASIF QASIM

10115 SW 77th Dr.

**MIAMI FL
33173**

REINSTATEMENT

01-02-2000

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASIF QASIM

Date

9-24-2000

Daytime Phone #

305 854 3535

CR2E081 (9/01)