

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC -3 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082190

1. Corporation Name

Soares International, Inc

REINSTATEMENT

CR2E081 (12/07)

0408

2. Principal Office Address - No P.O. Box #

2350 NE 135 Street

Suite, Apt. #, etc.

Apt # 810

City & State

MIAMI - FL

Zip

33181

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

8/28/2000

5. FEI Number

65-1039335

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

Roberto Soares

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

2350 NE 135 Street

Suite, Apt. #, Etc.

Apt # 810

City

MIAMI

State

FL

Zip Code

33181

☒ 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 8/12/08

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	Roberto Soares	2350 NE 135 St # 810	MIAMI - FL 33181

300139046509  
12/16/08--01016--010 \*\*\*450.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO SOARES PRES & OWNER

08/12/2008 305-7878460

Date Daytime Phone #

DEC 3 - 2008

FLORIDA DPTM OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
Tallahassee, Florida

Nov 26, 2008

Ref: **Soares International Inc.**  
Reinstatement Annual Report  
Doc# **P00000082190**

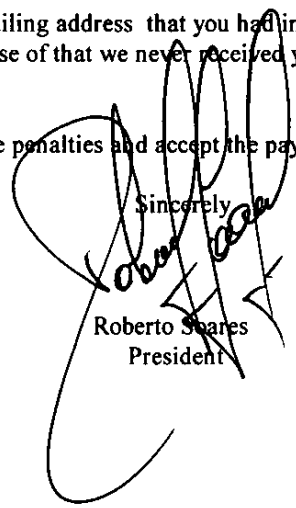
Dear Sirs:

The present letter is to inform you that my Corporation failed to file the Annual Reports for the fiscal years 2006/2007 and 2008. That occurred because on January 2006 the company was moved to a new address at 2350 NE 135 Street, Aptm 810, Miami, Florida 33181, and did not received the notification card that you mail each year.

In our previous Annual Report the mailing address that you had in your record was 479 NE 30 Street # 910, Miami, Florida 33137, and because of that we never received your notification referent to these Annual Reports.

By this letter I asking you to waive the penalties and accept the payment for this Reports.

Sincerely,

  
Roberto Soares  
President