

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008837823
11/06/02--01137--025 **150.00



DOCUMENT # P01000014649

1. Corporation Name

SOPPELSA INTERNATIONAL, INC.

Principal Place of Business

6111 S.W. 15TH ST.
MIAMI FL 33144

Mailing Address

6111 S.W. 15TH ST.
MIAMI FL 33144

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2001

5. FEI Number

65-1079651

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SOPPELSA, MICHAEL	6111 S.W. 15TH ST.	MIAMI FL 33144

8. Name and Address of Current Registered Agent

SOPPELSA, MICHAEL
6111 S.W. 15TH ST.
MIAMI FL 33144

9. Name and Address of New Registered Agent

Name

Jane M Soppelsa

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

6111 SW 15th street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Jane M Soppelsa
REGISTERED AGENT MUST SIGN

Date

11/5/02

11. 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:

SOPPELSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/02 (305) 490-9030

Soppelsa International
6111 sw 15th street
miami, fl 33144

Tuesday, November 05, 2002

To Whom It May Concern,

I am writing to reinstate my corporation and to inform you that this is the first and only notice i have recieved regarding filing an "Annual Report" and i have filled out the enclosed form and enclosed a check for \$150.00. I have only been incorporated since feb, 2001 and would not have ignored any filing material had it been sent to me prior to this notice. I hope this can be cleared up and my corporation be reinstated right away. Any questions i can be reached at 305 267-0550. My wife "Jane Soppelsa" can be reached at 305 672-9344 as i will be out of the country until november 10th.

Sincerely,


Michael Soppelsa