2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000041052

1. Entity Name
SOPE CORP.

FILED
07 APR -2 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7000 ISLAND BLVD UNIT 305 WILLIAMS ISLAND, FL 33160	2875 NE 191 STREET STE 801 MIAMI, FL 33180

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3370 HIDDEN BAY DR	1806 Avenue T
Suite, Apt. #, etc.: 1701	Suite, Apt. #, etc.
City & State: AVENTURA - FL	City & State: Brooklyn - NY
Zip: 33180 Country: U.S.A.	Zip: 11229 Country: USA

REINSTATEMENT 06-07

4. FEI Number: 76-0780803 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOP, JOSE 7000 ISLAND BLVD UNIT 305 WILLIAMS ISLAND, FL 33160	Name: ELI QUBRUSI Street Address (P.O. Box Number is Not Acceptable): 3370 HIDDEN BAY DR # 1701 City: AVENTURA FL Zip Code: 33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X E. Qubrusi 3/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOP, JOSE 7000 ISLAND BLVD UNIT 305 WILLIAMS ISLAND, FL 33160	☒ Delete	TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	ELI QUBRUSI 3370 HIDDEN BAY DR # 1701 AVENTURA FL 33180 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE HOP, SOFIA GALANTE 7000 ISLAND BLVD UNIT 305 WILLIAMS ISLAND, FL 33160	☒ Delete	TITLE V/D NAME STREET ADDRESS CITY-ST-ZIP	ALYN QUBRUSI 3370 HIDDEN BAY DR # 1701 AVENTURA FL 33180 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900096369139 04/10/07--01044--014 **300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X E. Qubrusi 3/30/07 (305) 932-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #