PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FLORIDA DEPARTMENT OF STATE Jim Smith				# Arman			
FOR Secretary of State Secretary of State Division of CORPORATIONS				FILED			
DOCUMENT # P01000043448				02 NOV -5 AH 10: 58			
1. Corporation Name							
SOYE CORP.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							
17555 COLLINS AVENUE SUITE 1002 SUNNY ISLES FT-83160	NS AVENUE SUITE 1002 S FL 33160						
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							
	NE 2/0 LUE		Date Incorp. To Do Busir	orated or Qualified ness in Florida	05/01/2001		
Suite, Apt. #, etc. 4040 NE 21.0 Aug #314 Suite, Apt. #, etc.				5. FEI Number	,	Applied For	
City & State MAM	City & State	· · · · · · · · · · · · · · · · · · ·		65-1	097967		
Zip Country Zip Country 33/37 USA 33/37 USA			* .	 — 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) Name of Officers and/or Directors		eet Address of Each ficer and/or Director		4	City / State / Zip		
PTD CHEHEBAR, ALBERTO		17555 COLLINS AVENUE SUITE 1		1002	SUNNY ISLES F	L 33160	
SVD CHEHEBAR, ROBERT D		17555 COLLINS	AVENUE SUITE 1	002	2 SUNNY ISLES FL 33160		
PRESIDENT CHEHEBAR, ALBERTO 404			2.00 AVE T	#314	MIAMI	F/4.33137	
PRESIDENT CHEHEBAG FORERT D YOYO NE 200 Sug #314 MIANIS Fla. 3313						F/4 33/37	
			77,700	<u> </u>		0 (2. 33/3 /	
				11705/0	1008-1 2010850	0478 27 **150.00	
8. Name and Address of Current R	egistered Age	nt		9. Name and A	ddress of New Regi	stered Agent	
Name					<u> </u>		
SPREGEL & UTRERA, P.A. 343 ALMERIA AVENUE		Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134	Λ	4040 A Suite, Apt. #, Etc.	υε 21	AUE	# 314		
	\sim	//					
		/1	City MAN). 1)		State Zip Code FL 33/37	
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 SIGNATURE PECUIRED Date 10/29/02						inlaglar	
						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 filling 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.	
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SIGNATURE REQUIRED 10/29/02 305-573-1622							
SIGNATURE AND TYPED OR PRINT	ED NAME OF SI	GNING OFFICER OR D	RECTOR		Date	Daytime Phone #	

October 29, 2002

Re: Document # P01000043448 Soye Corp.

Dear Sirs;

Our corporation did not receive the original annual reports due to a change of registered agent and address.

Please reinstate Soye Corp's active status, attached find the reinstatement form and The UBR fee of \$150,00.

Thanking you in advance

Alberto Chehebar

President



Soye 4040 NE 2nd Ave.

Suite 314

Miami, Florida 33137

305-573-1622

Fax: 305-573-1624

www.soyecorp.com