

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000075964
1. Corporation Name MIKE SOSA INC

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

4514 CARAMBOLA CIR. S.

Suite, Apt. #, etc.

3. Mailing Office Address

4514 CARAMBOLA CIR. S.

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL.

Zip

33066

Country

Broward

City & State

COCONUT CREEK FL.

Zip

33066

Country

Broward

7. Name and Address of Current Registered Agent

Name

MIKE SOSA

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

4514 CARAMBOLA CIR. S.

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33066

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

Mike Sosa Pres.

REGISTERED AGENT MUST SIGN

Date 06-18-07

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
<u>PRES.</u>	<u>MIKE SOSA</u>	<u>4514 CARAMBOLA CIR. S.</u>	<u>COCONUT CREEK FL. 33066</u>

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:

Mike Sosa Pres.

MIKE SOSA PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-18-07

Date

954-974-9950

Daytime Phone #

FILED

07 JUN 21 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700104887507
06/26/07--01047--020 **600.00

REINSTATEMENT

06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

July 30 2001

5. FEI Number

65-1127960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

☒ 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.