

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 12 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PO1000120124

1. Corporation Name

SONIC ENTERPRISES INC.

REINSTATEMENT 03-01

600032275216
04/09/04--01056--010 **\$600.00

600032275216
04/09/04--01056--009 **\$300.00

2. Principal Office Address

3001 ALOMA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3001 ALOMA AVE

Suite, Apt. #, etc.

City & State

WINTER PARK FL.

Zip

32792

Country

USA

City & State

WINTER PARK FL.

Zip

32792

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-2001

5. FEI Number

26-0003617

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

Rissi, P.

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

12072 DESCARTES COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32826

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

Date

REGISTERED AGENT MUST SIGN

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	PAMELA RISSI	12072 DESCARTES CT.	ORLANDO FL.
			ORLANDO FL.
			32826

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

Date

Daytime Phone #

CR2E081 (01/04)