

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000048305

1. Corporation Name

SOPHIE OF LEE, INC.

2. Principal Office Address

2938 FOWLER ST

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FORT MYER, FL

City & State

Zip

33912

Country

Zip

Country

**REINSTATEMENT** 03-04

500030724495

03/18/04--01033--028 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

KAMAL M FATAYER

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

4944 S CLEVELAND AVE #A26

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33907

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 3/30/04

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
D	ABDEL IBRAHIM	1370 CAPRICORN BLVD	PUNTA GORDA, FL 33983
D	KAMAL M. FATAYER	4944 S CLEVELAND AVE #A26	FORT MYERS, FL 33907

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

Date

3-12-04

Daytime Phone #

239-334-8178

**ART ATWAY ACCOUNTING  
CERTIFIED PUBLIC ACCOUNTANT**

2230 CLEVELAND AVENUE  
FORT MYERS, FLORIDA 33901  
TELEPHONE: (239) 332-1040  
FAX: (239) 332-8944  
e-mail: [aatwaycpa@yahoo.com](mailto:aatwaycpa@yahoo.com)

AICPA MEMBER  
FICPA MEMBER

February 20, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: SOPHIE OF LEE, INC. DOC #P02000048305

Gentlemen:

The above referenced corporation was not aware of the annual filing requirements for the UBR. The address that you have on file is not the correct address of the corporation. Please correct the address in accordance with the information on the enclosed reinstatement form. Please accept the enclosed check in the amount of \$300 for the current as well as the past year for reinstatement.

Thank you,

  
Art Atway EA, CPA

Enclosure

Dept of State reinstatement