
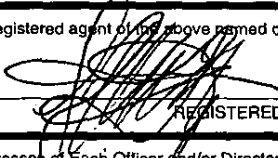



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000099135		1. Corporation Name Sogaval, Inc.		FILED 03 SEP 2003 PM 12:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 03	
2. Principal Office Address 801 Brickell Bay Dr. Suite, Apt. #, etc. Box # 9, Suite 2CL21 City & State Miami, Fla. Zip 33131 Country USA		3. Mailing Office Address 1701 Bay Dr. Suite, Apt. #, etc. City & State Miami Beach, FL. Zip 33141 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 134225372 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name SOLER, JESUS R. Street Address (P.O. Box Number is Not Acceptable) 1701 Bay Dr. Suite, Apt. #, Etc. City Miami Beach State FL Zip Code 33141					
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 09/25/03 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	SOLER, JESUS R.	1701 Bay Dr.		Miami Beach, FL. 33141	
VP	ROMERO, JOSE L.	1701 Bay Dr.		Miami Beach, FL. 33141	
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: 		09/25/03		305-372-0472	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (1/02)

Sh 1/30