

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000100769**

1. Corporation Name

**SOSA M.I. INCORPORATED**

Principal Place of Business

Mailing Address

14725 SW 168TH TERRACE  
MIAMI FL 33187  
US

14725 SW 168TH TERRACE  
MIAMI FL 33187  
US



REINSTATEMENT 03

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

47-0889616

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SOSA, JULIO R	14725 SW 168TH TERRACE	MIAMI FL 33187
TREA	SOSA, MARIA E	14725 SW 168TH TERRACE	MIAMI FL 33187

900023922999  
10/20/03--01006--011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOSA, JULIO R  
14725 SW 168TH TERRACE  
MIAMI FL 33187

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/10/03

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 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

Daytime Phone #

(Julio R. Sosa)

10/03/03 (784) 283-6062

CR2040 (7/03)



**The BioMed Studio**  
A division of Sosa M.I. Incorporated  
www.biomedstudio.com

October 10, 2003

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

To Whom It May Concern:

Please be advised that we are in receipt of the notice of dissolution and reinstatement application. After reviewing the matter it has been discovered we did not receive any of the original notifications. We ask that you please send all related correspondence to the address provided in this letter. We are providing the reinstatement application along with the \$150.00 fee for immediate process. Should you require any additional information please do not hesitate to contact our office.

Kind Regards,

Julio R. Sosa  
Sosa M.I. d/b/a The BioMed Studio  
14725 SW 168th Terrace  
Miami, FL 33187