


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 15 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 02 000124601*

1. Corporation Name
SOINCA INC.

| | | | |
|---|---------|--|---------|
| 2. Principal Office Address 4416 N.W 93Doral CT Suite, Apt. #, etc. | | 3. Mailing Office Address same Suite, Apt. #, etc. | |
| City & State MIAMI | | City & State FLORIADA 533178 | |
| Zip 33178 | Country | Zip | Country |

REINSTATEMENT 03-05
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| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 11 22/2002 | |
| 5. FEI Number 14-1857191 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

| | | |
|--|-------------|----------|
| Name DANIEL BODDEN | | |
| Street Address (P.O. Box Number is Not Acceptable) SAME | | |
| Suite, Apt. #, Etc. | | |
| City | State FL | Zip Code |

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 |
|--------|-----------------------------------|--|--------------------|
| pres | DANIEL BODDEN | SAME | |
| | | | |
| | | | |
| | | | |
| | | | |

8/16

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CRZED01 (01/05)