

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

09 NOV -6 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128460

1. Corporation Name

SYLVIA SOTO P.A.

700024610627
11/12/03--01053--001 **150.00

REINSTATEMENT 03

2. Principal Office Address

3240 RIVER BRANCH CIRCLE

3. Mailing Office Address

3240 RIVER BRANCH CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34741

Country

USA

Zip

34741

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/05/2002

5. FEI Number

61-1433658

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

SYLVIA SOTO

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

3240 RIVER BRANCH CIRCLE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

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

SYLVIA SOTO

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
DP	SYLVIA SOTO	3240 RIVER BRANCH CIRCLE	KISSIMMEE FL 34741

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:

SYLVIA SOTO, DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)