

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -2 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000083975

1. Corporation Name

SOFISTICATE FINANCE SERVICES, INC.

2. Principal Office Address

11355 SW 43RD LN

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33165

Country

US

3. Mailing Office Address

11355 SW 43RD LN

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33165

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HUMBERTO VILLARREAL

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

11355 SW 43RD LN

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33165

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

REGISTERED AGENT MUST SIGN

Date 09/26/2006

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
PD	HUMBERTO VILLARREAL	11355 SW 43RD LN	MIAMI FL 33165
VD	ESTRELLA VENCE	11355 SW 43RD LN	MIAMI FL 33165

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 contained in Chapter 119, 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

09/26/2006

Date

305-788-8213

Daytime Phone #

DATE: Tuesday, September 26, 2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: **HUMBERTO VILLARREAL**
SOFISTICATE FINANCE SERVICES, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND DO **NOT** CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 813-818-0706.

THANKS,

X



HUMBERTO VILLARREAL, PRESIDENT
SOFISTICATE FINANCE SERVICES, INC.