

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 21 AM 11:25

DOCUMENT # P03000094708

1. Corporation Name

SOMA ONE CORPORATION

2. Principal Office Address - No P.O. Box #

3600 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

SUITE 306

City & State

MIRAMAR, FL

Zip

33023

Country

USA

3. Mailing Office Address

3600 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

SUITE 306

City & State

MIRAMAR, FL

Zip

33023

Country

USA

200129974072
05/21/08--01002--031 **750.00
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/2003

5. FEI Number
26-2627376

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

WALCOTT, VERNON E JR.

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

3600 SOUTH STATE ROAD 7

Suite, Apt. #, Etc.

SUITE 306

City

MIRAMAR

State

FL

Zip Code

33023

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 05/16/2008

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	WALCOTT, VERNON E JR.	3600 SOUTH STATE ROAD 7 SUITE 306	MIRAMAR, FL 33023
VP	GELLIN, KENDAL	3600 SOUTH STATE ROAD 7 SUITE 306	MIRAMAR, FL 33023

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

05/16/2008

Date

954-394-9832

Daytime Phone #