

2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000159679 1. Entity Name SONICHRIS ENTERPRISES, INC.						FILED 05 DEC -9 AM 10:16 TALLAHASSEE, FL 	
Principal Place of Business 3916 CURRY FORD RD VERSAILLES PLAZA #2 ORLANDO, FL 32806				Mailing Address 3916 CURRY FORD RD VERSAILLES PLAZA #2 ORLANDO, FL 32806			
2. Principal Place of Business		3. Mailing Address		10262005 REIN-P CR2E098 (6/04)		4. FEI Number JT 04-3800567	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State		City & State		Zip		Country	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VAZQUEZ, SONIA H 3916 CURRY FORD RD VERSAILLES PLAZA #2 ORLANDO, FL 32806				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> 11/30/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VAZQUEZ, SONIA H 3916 CURRY FORD RD ORLANDO, FL 32806 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 200060990532 10/26/05--01020--008 **150.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV VAZQUEZ, JORGE A 3916 CURRY FORD RD ORLANDO, FL 32806 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST VAZQUEZ, JORGE L 3916 CURRY FORD RD ORLANDO, FL 32806 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>[Signature]</i> Sec. Treas. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 10/18/05 Daytime Phone #: 407-249-8153			

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**JULIO & PAULINA HERNANDEZ
TAX & NOTARY SERVICES
105 Bridle Court
Kissimmee, Florida 34743
Ph. & Fax No. (407) 348-6834**

October 22, 2005

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

Re: **SONICHRIS ENTERPRISES, INC.**
DOCUMENT NO. P04000159679

ATTN: DARLENE

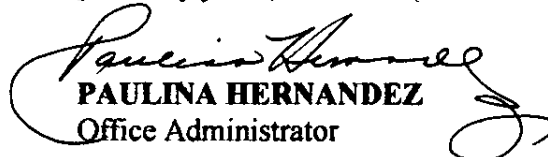
On behalf of Sonichris Enterprises, Inc., I am enclosing completed form for the reinstatement of the corporation of reference and check no. 418 from Bank of America to your favor in the amount of \$150.00.

This corporation never received original form for renewal of annual report.

I am taking this opportunity to thank you for your kindly help in this regard.

If any additional information is needed, please do not hesitate to contact the undersigned.

Sincerely yours,


PAULINA HERNANDEZ
Office Administrator

PH/
Encls.