

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000035819

1. Corporation Name

SONICLOOP NETWORK, INC.

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

1235 Meridian Ave

3. Mailing Office Address

PO Box 190207

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach, FI

Zip

33139

Country

USA

Zip

33119

Country

USA

7. Name and Address of Current Registered Agent

Name

Tennyson Preston

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

1235 Meridian Ave

Suite, Apt. #, Etc.

#3

City

Miami Beach

State

FL

Zip Code

33139

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 11/10/08

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	Kadian Preston	4770 Biscayne Blvd #400	Miami FL 33137
VP	Tennyson Preston	1235 Meridian Ave #3	Miami Beach, FL 33139

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:

11/10/08

917-435-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 NOV 14 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

900137949889
11/14/08--01051--025 **1050.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 03/08/05

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.