

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

# REINSTATEMENT

DOCUMENT # P05000054363

1. Entity Name  
SOCRATES GROUP, INC.



Principal Place of Business  
8129 CHAMPION CIRCLE  
SUITE 203  
CHAMPIONS GATE, FL 33896

Mailing Address  
PO BOX 121041  
CLERMONT, FL 34712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DOS SANTOS, MARIA  
8129 CHAMPION CIRCLE  
SUITE 203  
CHAMPIONS GATE, FL 33896

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME DOS SANTOS, MARIA  
STREET ADDRESS 8129 CHAMPION CIRCLE  
CITY-ST-ZIP CHAMPIOS GATE, FL 33896

TITLE VP ☐ Delete  
NAME GOMES, LILIANE  
STREET ADDRESS 8129 CHAMPION CIRCLE  
CITY-ST-ZIP CHAMPIONS GATE, FL 33896

TITLE TRES ☐ Delete  
NAME DOS SANTOS, MARIA  
STREET ADDRESS 8129 CHAMPION CIRCLE  
CITY-ST-ZIP CHAMPIONS GATE, FL 33896

TITLE SEC ☐ Delete  
NAME GOMES, LILIANE  
STREET ADDRESS 8129 CHAMPION CIRCLE  
CITY-ST-ZIP CHAMPIONS GATE, FL 33896

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500080815355  
CITY-ST-ZIP 10/13/06--01011--008 \*\*300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date-Time Phone

FILED  
06 OCT 13 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10022006 REIN-P CR2E098 (11/05)

4. FEI Number 202648127 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

10d. 02. 2006

500080815355  
10/13/06--01011--008 \*\*300.00

352-394-8131

10d. 02. 2006

2/10/10