PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 19200013649 98 MAY 22 AM ID: 35 Sopkraft, Inc. SECRETARY OF STATE TALLAHASSEC, FLORIDA w98000011199 BOK Dixie Hwy. Site 109 Beach, F1:32960 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida Suite, Apt. #, etc. Sude, Apt. #, eld Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Žip Zin Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Vero Bench, Fligg 960 1156 22nd Ot. 800002548158----06/04/98--01096--011 \*\*\*1050.00 --\*\*\*1050.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent 10. I, being appointed the registreed agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) No L Yes 🔼 Intangible Personal Property tax due June 30. 12. Licertify 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 filling 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 under section 119.07(3)(i), 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 eath.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR