

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016194

1. Corporation Name

Soter U.S.A., Inc.

Principal Place of Business

Mailing Address

**8890 W. Oakland Park Blvd.
Suite 201
Ft. Lauderdale, FL 33351**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/25/93

5. FEI Number

65-0403887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Pierre Hotte	6808xkxuxxHxxxxx 15 rue Bois-de-Delson	MxxxxxxQuebec CANADA Delson
D	Paul A. Hotte	1439 S. Ocean Blvd. #307	Pompano Beach, FL 33062
ST	Joseph Giguere	8120 Blvd. De St Laurent #1101	Brossard Quebec CANADA 600002341866 -11/07/97-01095-008 ****\$15.00 ****\$15.00

8. Name and Address of Current Registered Agent

**John F. Hotte
2455 E. Sunrise Blvd.
Ft. Lauderdale, FL 33304**

9. Name and Address of New Registered Agent

Name
John F. Hotte, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2400 E. Commercial Blvd., #826
Suite, Apt. #, Etc.
City
Ft. Laud. State
FL Zip Code
33308

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John F. Hotte, REGISTERED AGENT MUST SIGN Esq.

Date **Nov. 3, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 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 oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pierre Hotte, President & Director

10-30-97

Date

954-928-1800

Daytime Phone #

FILED

97 NOV -5 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *all-97*

CH25040 (1-2-95)