

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		<h1 style="margin: 0;">FILED</h1> <p style="margin: 5px 0;">98 DEC 21 PM 2:32</p> <p style="margin: 5px 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="margin: 5px 0;">200002725372--1 -12/23/98--01080--031 ***1350.00 ***1350.00</p>	
DOCUMENT # P93000072242 1. Corporation Name SOSA-COUSINS, INC.					
Mailing Address 501 SW 98TH PLACE MIAMI FL 33174 10030 NW 44th Terrace Suite 13-302 Miami, FL 33178		Principal Place of Business 501 SW 98TH PLACE MIAMI FL 33174 10030 NW 44th Terrace Suite 13-302 Miami, FL 33178			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, if Applicable 10030 NW 44th Terrace Suite, Apt. #, etc. 13-302 City & State Miami Zip 33178		3. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business In Florida <p style="text-align: right;">10/14/1993</p> 5. FEI Number <p style="text-align: center;">65-0448921</p> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	SOSA, MARTHA E	501 SW 98TH PLACE 10030 NW 44th Terrace 13-302	MIAMI FL 33174 33178		
D	COUSINS, RICHARD S	501 SW 98TH PLACE 10030 NW 44th Terrace 13-302	MIAMI FL 33174 33178		
D	PADRON, MARTHA R	501 SW 98TH PLACE 10030 NW 44th Terrace 13-302	MIAMI FL 33174 33178		
<h2 style="margin: 0;">REINSTATEMENT</h2> <p style="font-size: 2em; margin: 0;">94-98: B 12/28/98</p>					
8. Name and Address of Current Registered Agent G-T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324			9. Name and Address of New Registered Agent Name Richard Cousins Street Address (P.O. Box Number is Not Acceptable) 10030 NW 44th Terrace Suite, Apt. #, Etc. 13-302 City Miami State FL Zip Code 33178		
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 Date 15 DEC 98 REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Richard S. Cousins			15 DEC 98 305-463-8353 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (6/94)