

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021039

1. Corporation Name

SOOMER, INC.

400034376194
04/28/04--01014--003 **150.00

400034376194
04/28/04--01014--002 **150.00

2. Principal Office Address

5815 S.W., 58TH COURT

Suite, Apt. #, etc.

3. Mailing Office Address

5815 S.W., 58TH COURT

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33314

Country

U.S.A.

Zip

33314

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida 03/15/1994

5. FEI Number

65-0475339

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

YINDRA LOPEZ

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

5815 S.W., 58TH COURT

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

Yindra M Lopez

REGISTERED AGENT MUST SIGN

Date 03/29/2004

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
DPVP	YINDRA LOPEZ	5815 S.W., 58TH COURT	DAVIE, FL. 33314

REINSTATEMENT 03-04

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 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:

Yindra M Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

954-367-0605

Daytime Phone #

CR2E081 (01/04)

SOOMER INC
5815 S.W. , 58TH COURT
DAVIE, FL. 33314

March 30, 2004

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Ref.: Doc # P94000021039
SOOMER INC

Dear Sir/Madam,

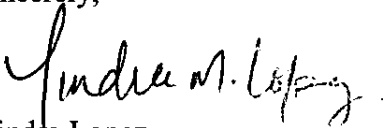
Enclosed please find Corporation Reinstatement form for the above corporation, As our address was change we did not received the Annual Report for 2003. Enclosed also find a pre-printed Annual Report for 2004. The two checks of \$ 150.00 each are enclosed as renewal fees for 2003 and 2004

As this is our first time being late kindly, please waive the penalty to reinstate my corporation.

I sincerely apologize for any inconvenience caused to you, and hope to reinstate this corporation as soon as possible.

Thank you,

Sincerely,


Yindra Lopez
President