

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 15 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000017787

1. Corporation Name

SONOMA PROPERTIES, INC.

REINSTATEMENT 00-02

000010139110
01/15/03--01086--026 **1050.00

2. Principal Office Address

8472 EGRET MEADOW LN

3. Mailing Office Address

8472 EGRET MEADOW LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BCH FL

City & State

WEST PALM BCH FL

Zip

33412

Country

US

Zip

33412

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/23/1996

5. FEI Number

650645472

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

BRIAN, PHILIPPE J

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

205 WORTH AVENUE

Suite, Apt. #, Etc.

SUITE 307 C

City

PALM BEACH

State
FL

Zip Code
33480

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**

Philippe J Brian

Date 01/08/03

REGISTERED AGENT MUST SIGN

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
DP	DEVALEIX, FLORENCE	8472 EGRET MEADOW LN	WEST PALM BCH FL 33412
DS	DEVALEIX, JACQUES	8472 EGRET MEADOW LN	WEST PALM BCH FL 33412

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:

Florence Devaleix

FLORENCE DEVALEIX

01/08/2003 561-691-9622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/1/16