

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 MAR -6 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057404

1. Corporation Name

Sonimar, Inc.

REINSTATEMENT 05-07

780092346947

03/13/07--01014--011 \*\*450.00

CR2E081 (1/07)

2. Principal Office Address, No P.O. Box #

953 SW 71 Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Lauderdale Fl

City & State

Zip

33068

Country

Broward

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0690848

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

Edith Su

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

953 SW 71 Ave.

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Edith Su

REGISTERED AGENT MUST SIGN

Date

2/7/07

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
Pte	Edith Su	12402 NW 54th Ct.	Coral Springs FL 33076
VP	Enrique Su	12402 NW 54th Ct	Coral Springs FL 33076

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 contained in Chapter 119, 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:

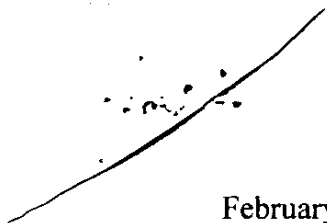
Edith Su

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 (954) 266990

Date

Daytime Phone #



February 7, 2007

Dear Sir/Madam

My name is Edith Su owner of Sonimar Inc with Document #P96000057404. The reason of writing is to request to waive the fees in order to reinstate my corporation. I never receive the annual report notices and I was not aware of this obligation. I really appreciate your collaboration in this matter.

Sincerely



Edith Su  
President