

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -4 PM 2:11

DOCUMENT # P97000006765

1. Corporation Name

SOFIA EXPRESS INC.

2. Principal Office Address

1263 NW 91ST AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1263 NW 91ST AVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

1.23.1997

5. FEI Number

650722021

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

ROUSLAN ASENDOV ZANKIN

900004430869--1

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

1263 NW 91ST AVE

06/19/01 01115 014

****900.00 ****900.00

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

13- ROUSLAN ZANKIN

Date 5.25.01

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
S	MARGARITA P. ZANKINA	1263 NW 91 ST AVE	CORAL SPRINGS FL 33071

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)(l), 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:

MARGARITA P. ZANKINA

5/25/01 954-255-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)