PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB -9 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P.97000008291

1. Corporation Name
SOSA's USA INC

Principal Place of Business / Mailing Address
999 PONCE DE LEON BLVD #1015
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-99 00

2. New Principal Office Address, if applicable
888 BRICKELL AVE
Suite, Apt. #, etc. 5. FLOOR
City & State MIAMI FL
Zip 33131 Country USA

3. New Mailing Office Address, if applicable
888 BRICKELL AVE
Suite, Apt. #, etc. 5. FLOOR
City & State MIAMI FL
Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/28/97

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RAFAEL A. SOSA	888 BRICKELL AVE 5. FLOOR	MIAMI FL 33131
D	MARIA E. SOSA	888 BRICKELL AVE 5. FLOOR	MIAMI FL 33131

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***1058.75 ***1058.75

8. Name and Address of Current Registered Agent
FILINGS INC
3732 N.W. 16TH STREET
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent
Name JUAN VICENTE URDANETA
Street Address (P.O. Box Number is Not Acceptable) 888 BRICKELL AVENUE
Suite, Apt. #, Etc. FLOOR 5.
City MIAMI State FL Zip Code 33131

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 1/29/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ 1/29/99 305 358 1028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #