

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 16 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P970000065285

1. Corporation Name

SONIS, INC.

2. Principal Office Address

1921 E. Atlantic Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33060

Country

United States

Zip

Country

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

7/28/97

5. FEI Number

65-0794090

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

Randall L. Leshin

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

1921 E. Atlantic Blvd.,

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

100003274941-7

-06/02/00--01053--020

****900.00 ****900.00

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

REGISTERED AGENT MUST SIGN

Date 5/12/00

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
PT	Robert D. Beribos	1921 East Atlantic Blvd.	Pompano Beach FL 33030
VS	Jean Roussin	1921 East Atlantic Blvd.	Pompano Beach FL 33060

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: Randall L. Leshin,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Attorney for Officers

5/12/00

Date

954-941-9711

Daytime Phone #

KE

CR2E081 (9/99)