

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT -3 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065285

1. Corporation Name

Sonis, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

3. Mailing Office Address

5101 N.W. 21st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip

Country

33309 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

105-0794090

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

Fred Hoffmeier

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

5101 N.W. 21st Ave

Suite, Apt. #, Etc.

#200

City

Fort Lauderdale

State

FL

Zip Code

33309

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

Fred Hoffmeier

Date

10-1-03

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
P	Robert Beribos	5101 N.W. 21st Ave	Ft. Lauderdale FL 33309
VP	Teobaldo Cuenca	5101 N.W. 21st Ave #200	Ft. Lauderdale FL 33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-03 954-738710

Date

Daytime Phone #

CR2E081 (10/02)