

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 FEB 17 AM 11:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000080911

1. Corporation Name

SORIMAR, INC.

Principal Place of Business

Mailing Address

175 FOUNTAINBLEAU BLVD. #2G7 MIAMI FL 33126

175 FOUNTAINBLEAU BLVD. #2G7 MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 9900

4. Date Incorporated or Qualified To Do Business in Florida 09/17/1997

5. FEI Number 65-0808902 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Soriano, Ismael and Marcelo, Ortelio.

900003145289-0 -02/23/00--01103--006 \*\*\*\*750.00 \*\*\*\*750.00 100003145291--4 -02/23/00--01103--007 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PASTRAN, RAUL E 333 NE 8TH STREET HOMESTEAD FL 33030

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

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

Handwritten signature of Raul E. Pastran

REGISTERED AGENT MUST SIGN

Date 11/12/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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

11/12/99

Date

385-554-0406 Daytime Phone #

KE

CR2E040 (8-99)