

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC -7 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105154

1. Corporation Name

Sofina Corporation

2. Principal Office Address

257 Bridge Street

Suite, Apt. #, etc.

City & State

Metuchen, NJ

Zip

08840

Country

USA

3. Mailing Office Address

257 Bridge Street

Suite, Apt. #, etc.

City & State

Metuchen, NJ

Zip

08840

Country

USA

REINSTATEMENT
CR2E081 (12/05) 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1997

5. FEI Number

65-0800101

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
United Corporate Services, Inc.

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

9200 South Dadeland Blvd., Suite 508

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33156

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

Alfred Li, V.P.
REGISTERED AGENT MUST SIGN

Date November 27, 2006

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	Tang, Sau Lau	257 Bridge Street	Metuchen, NJ 08840
VP	Li, Alfred	257 Bridge Street	Metuchen, NJ 08840

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 contained in Chapter 119, 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:

Alfred Li
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Li, Alfred

12/01/06

Date

732-321-1678

Daytime Phone #

via Mitchell DEC - 7 2006



20f2

Phone: (732) 321-1678

257 Bridge Street, Metuchen, NJ 08840

Fax: (732) 321-9188

Email: info@sofinacorp.com

December 1, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Name: SOFINA CORPORATION
Document No.: P97000105154
Year Dissolved: 2005

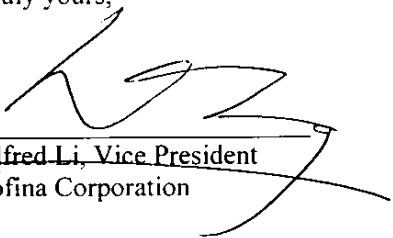
Dear Sir/Madam:

I am writing to request waiver of the reinstatement fee of \$600 because we moved to the current location in March 2004 and did not receive the annual report notices for years 2005 and 2006.

Enclosed are the Corporation Reinstatement Form and a check of \$308.75 which is for the Annual Report Fees and the Corporate Supplemental Fees for the 2 years noted above plus the additional fee for a Certificate of Status.

Should you need more information, please feel free to contact me or Ms. Gloria Chang at 732-321-1678. Thank you for your attention.

Truly yours,


Alfred Li, Vice President
Sofina Corporation