

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107631

1. Corporation Name

SORA INVESTMENTS CORP.

2. Principal Office Address

5840 W. FLAGLER STREET

Suite, Apt. #, etc.

SUITE #1

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

3. Mailing Office Address

5840 WEST FLAGLER STREET

Suite, Apt. #, etc.

SUITE#1

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1997

5. FEI Number

65-0843899

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

RAMS, VICTOR HUGO SR.

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

5840 WEST FLAGLER STREET

Suite, Apt. #, Etc.

SUITE #1

City

MIAMI

State

FL

Zip Code

33144

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

Victor Hugo Rams Sr.

Date

11/14/02

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/D	VICTOR HUGO RAMS	5840 W. FLAGLER STREET	MIAMI DADE, FL 33144.

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:

Victor Hugo Rams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02

Date

305-261 5553

Daytime Phone #

CRZE081 (9/01)