

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUN 28 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000006513**

1. Corporation Name

SONIA'S CAFE, INC.

000004474780--6  
-07/13/01--01076--024  
\*\*\*908.75 \*\*\*908.75

2. Principal Office Address

10200 N. 30th Street

Suite, Apt. #, etc.

3. Mailing Office Address

2815 Lorraine Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33612

Country

Hillsborough

Zip

33614

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/98

5. FEI Number

59-3490351

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 JUSTINO MORALES

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

10200 N. 30th Street

Suite, Apt. #, Etc.

City

Tampa,

State  
FL

Zip Code  
33612

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

Justino Morales

REGISTERED AGENT MUST SIGN

Date 06/14/01

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
Pres/ Secr.	JUSTINO-MORALES	2815 Lorraine Ave.	Tampa, FL 33614
VP/ Treas.	ROSE MORALES	2815 Lorraine Ave.	Tampa, FL 33614

REINSTATEMENT 06-01-78

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)(f), 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:

Justino Morales-President

6/14/01

(813)228-1240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #