PLEASE READ AL	LINSTRUCTIONS		OIVIPLETII	NG I MIS FUNIVI.	1012
APPLICATION FISHINA DEPARTMENT OF STATE Katherine Harris					1040
REINSTATEMENT DIVISION OF ORPORATIONS					
DOCUMENT # P98000000819  1. Corporation Name			00 JUN -6 PM 3: 06		
50522 be Corporation			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business Mailing Address			TALLAHASSEE. FLURIDA		
7108 NW 1696 ST					
-themi, FL 3305					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					<del></del>
2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  1000 Ponce de dear Blvo.  1000 Ponce de dear Blvo.			4. Date Incorporated or Qualified To Do Business in Florida		
328	Suite Apt. #, etc.		5. FEI Number		Applied For
COUAL GABLES, FL COUNTY	DRAI GAVES	, FL	6.		Additional Fee required
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					a Certificate of Status
Title(s)  1  Name of Officers and/or Directors  Street Address of Each Officer and/or Directors  Glob NOT Use Post Office Box N				City / Stat	e / Zip
P Edgar M. Duarte 1000 Ponce de leon				Coral Garble	S,P
	suffe	328			33134
			-07/13/0001012007 ****300.00 ****300.00		
				LS	
			-	New Service	
Mr. Duarte authorizant to add him as Press			dent v	n 6/16/00 (	AC)
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
Edgar M Duante Street Address (			P.O. Box Number	s Not Acceptable)	
1000 Ponce de deon BIVO. Suite, Apt. #, Etc.					
Coral Gables, FL 33134 City			State Zip Code FL		
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 Date					
11. This corporation owes the current year Intangible Personal Property Tax due June 30.  Yes D No (See other side for information on intangible tax.)					
12. 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 TYPEO OF PRINT	L DUME ED NAME OF SIGNING OFFICER OR	DIRECTOR	//	7-99 Date Day	- 854-02/2

## -DO NOT REMOVE -



Edgar M. Duarte
SOSAABE CORPORATION
1000 Ponce De Leon Boulevard
Suite 328
Coral gables, Florida 33134
(305) 825-7999-O (305) 854-8676-F

June 1, 2000

Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I am requesting a waiver review for the reinstatement of my company, Sosaabe Corporation. I deeply regret not having sent the State the information and fees required in maintaining the company active.

The reason for the delay was a change of address and the dismissal of my CPA, who I entrusted to keep my accounts and business documents in order. I as you give due consideration in reinstating the company as soon as possible.

I am a small business and can not afford any additional costs to reopening the business and informing my clientele of a new name and the purchases of business cards and letterhead. If you should have any questions, please do not hesitate to call me. I can be reached at (305) 825-7999.

Sincerely,

Edgar M. Duarte

Enc.: \$300.00 reinstatement fee