
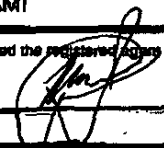
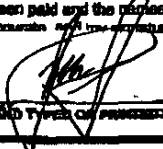


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 21 AM 10:42

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000103338			
1. Corporation Name SOARCA ENTERPRISES, INC.			
2. Principal Office Address 201 S. BISCAYNE BLVD. Suite, Apt. #, etc. 37TH FLOOR City & State MIAMI, FLORIDA Zip 33131		3. Mailing Office Address 201 S. BISCAYNE BLVE. Suite, Apt. #, etc. 37TH FLOOR City & State MIAMI, FLORIDA Zip 33131	
		4. Date Incorporated or Qualified To Do Business in Florida	
		5. FEI Number 650689464	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee per doc for 5 Certificates of Status	
7. Name and Address of Current Registered Agent			
Name JOSE ROMAN SOSA			
Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVENUE BLVD., #1409			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33131
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0405, F.S.			
Signature of Registered Agent  Date _____			
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	JOSE SOSA ARIZA	3100 NW 72ND AVENUE #102	MIAMI, FLORIDA 33122
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)(b), 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: 		10/20/04	
SIGNATURE AND TYPE OF OFFICER OR DIRECTOR		Date	Daytime Phone #

REINSTATEMENT 02-04

01/21/04

600042332106
11/02/04--01016--007 **450.00

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEARS 2002,, 2003 & 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



JOSE SOSA ARIZA
PRESIDENT