

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 30 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015074

1. Corporation Name

SOIN INTERNATIONAL CORP.

500139356355
12/30/08--01034--013 **300.00

REINSTATEMENT 07-08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #
C/o Smith, Ortiz, Gomez + Buzzi

3. Mailing Office Address
C/o Smith, Ortiz, Gomez + Buzzi

Suite, Apt. #, etc.

130 Minorca Ave

Suite, Apt. #, etc.

130 Minorca Ave

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1999

5. FEI Number

650901039

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

Grizel Gil

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

130 Minorca Ave

Suite, Apt. #, Etc.

City

Coral Gables,

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

12/23/08

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	Esquivel, Mauricio	11442 NW 69th Terr	Miami, FL 33178
S	Monterroso, Tomas	515 Owens St. N	Stillwater, MN 55082

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:

Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/08 (651)895-7813

Date

Daytime Phone #

12/31/08