FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 SEP -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

800007633698--3
-09/10/02--01042--023
***1050.00 ***1050.00

DOCUMENT # P99000025386

REINSTATEMENT 00-02

1. Corporation Name
Soro Investments Inc.

2. Principal Office Address	3. Mailing Office Address
5825 NW 42 Terrace	c/o Adolfo Ron CC513067
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. Box 025323
City & State	City & State
Boca Raton, Florida	Miami, Florida
Zip / Country	Zip / Country
33496 / USA	33102 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/15/99

5. FEI Number: ☐ 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: Cesar Gomez

Street Address (P.O. Box Number is Not Acceptable): 260 Crandon Blvd.

Suite, Apt. #, Etc.: Suite 14

City: Key Biscayne, Florida | State: FL | Zip Code: 33149

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 _____

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/S	Adolfo Ron De La Rica	5825 NW 42 Terrace	Boca Raton, FL, 33496

10. I certify that I am an officer or director of 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: _____ 8/2/02 (561)989-0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jp 9/5/02