

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -8 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000040538

1. Corporation Name

SOFMA Inc.

2. Principal Office Address

3500 Mystic Pointe Dr.

Suite, Apt. #, etc.

#2607

City & State

Aventura FL

Zip

33180

Country

USA

3. Mailing Office Address

3500 Mystic Pointe Dr.

Suite, Apt. #, etc.

#2607

City & State

Florida, Aventura

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-4-99

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

Lizabeth F Calvo

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

328 Crandon Blvd

Suite, Apt. # Etc.

Suite 226

City

Key Biscayne

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

[Signature]

Date

7-28-05

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
D	Maria Estela Santucci	3500 Mystic Pointe Drive #2607	Aventura FL 33180

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)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Estela
Santucci

Date

7-28-05

Daytime Phone #

305 827-6255

CR2EDB1 (01/05)