

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 26 AM 10:52

DOCUMENT # **S64559**

1. Corporation Name

**SÔNIA NITTINGER, PA**

2. Principal Office Address

**8911 SW 108TH PATH**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

Zip

**33176**

Country

**USA**

Zip

Country

**REINSTATEMENT**

**03-04**

**6/16/03 90145 049 150.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0273496**

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

**SÔNIA NITTINGER**

**100027769111**

**01/29/04--01026--005 \*\*150.00**

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

**8911 SW 108TH PATH**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33176**

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

*Sônia Nittinger*  
REGISTERED AGENT MUST SIGN

Date

**1/21/04**

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
<b>PRESIDENT</b>	<b>SÔNIA NITTINGER</b>	<b>8911 SW 108 PATH</b>	<b>MIAMI, FL 33176</b>

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:

*Sônia Nittinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/21/04**

Daytime Phone #

**(305) 271-4750**

CR2E081 (10/02)

2/2

January 21, 2004

Division of Corporations  
Att: Andy Dunlap  
POBox 6327  
Tallahassee, FL 32314

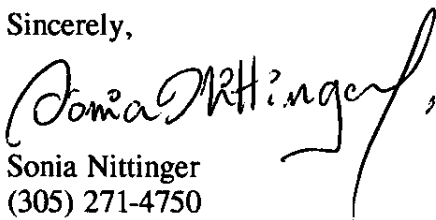
Re: 2003 UNIFORM BUSINESS REPORT  
FEI #65-0273496/ S64559

Dear Sirs:

This is to request reinstatement of the corporation above mentioned. I received the 2003 Renewal Form late, and I never received a letter with instructions for correction of this problem.

I greatly appreciate your cooperation.

Sincerely,



Sonia Nittinger  
(305) 271-4750

PS. I am enclosing application for reinstatement and a check in the amount of \$150.00 for the 2004 renewal.