

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 18 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000166262

1. Corporation Name

Sonoma Bay, Inc.

400163786934
12/18/09--01037--001 **150.00

2. Principal Office Address - No P.O. Box #

2100 Hollywood Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

2100 Hollywood Boulevard

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

US

City & State

Hollywood, FL

Zip

33020

Country

4. Date incorporated or Qualified
To Do Business in Florida 12/10/2004

5. FEI Number

20-1986237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 09
CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name

Registered Agents of Florida, LLC

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

100 S.E. 2nd Street

Suite, Apt. #, Etc.

Suite 2900

City

Miami

State

FL

Zip Code

33131

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

Charles Roman

Date

12/16/09

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
DC	Stuart I. Meyers	2100 Hollywood Boulevard	Hollywood, FL 33020
DP	Jorge Lopez	2100 Hollywood Boulevard	Hollywood, FL 33020
DVPAS	Leon J. Wolfe	2100 Hollywood Boulevard	Hollywood, FL 33020
DVPS	Mara S. Mades	2100 Hollywood Boulevard	Hollywood, FL 33020

10. E-mail Address: leyani.roman@cornerstonegrp.com

(To be used for future annual report notification)

11. 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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #