

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 14 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000052730

1. Limited Liability Company's Name

SOBE COFFEE COMPANY, LLC

2008

100163365041
12/07/09--01003--020 **143.75
CR2E041 (11/09)

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

1740 N.W. North River Dr.

Suite, Apt. #, etc.

Apt. 120

3. Mailing Office Address

1740 N.W. North River Dr.

Suite, Apt. #, etc.

Apt. 120

City & State

MIAMI, FL 33125

Zip

33125

Country

United States

City & State

MIAMI, FL

Zip

33125

Country

United States

4. State/Country of Formation

FLORIDA - United States

5. Date Organized or Qualified
To Do Business in Florida

7/16/2004

6. FEI Number

562519248

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jose G. Menendez

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

1740 N.W. North River Drive

Suite, Apt. #, Etc.

Apt. # 120

City

MIAMI

State

FL

Zip Code

33125

☒ A \$100 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 \$100
reinstatement be waived.

100163365041

12/15/09--01002--007 **133.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Jose G. Menendez
REGISTERED AGENT MUST SIGN

Date Dec. 3, 2009

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jose G. Menendez "MGR"	1740 N.W. N. River Dr. Apt. 120	MIAMI, FL 33125

REINSTATEMENT

08-09

OK 12-15-09

11. E-mail Address: jgville60@gmail.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Jose G. Menendez

Date

Dec. 3, 2009

Daytime Phone #

541-968-0726

Typed or printed name of signing Managing Member/Manager