

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 20 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000006481**

1. Corporation Name

**SOBERSOLUTION, INC.**

Principal Place of Business

2 G STREET  
BOYNTON BEACH FL 33435

Mailing Address

2 G STREET  
BOYNTON BEACH FL 33435



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

*Same*

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

*Same*

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/12/2001

5. FEI Number

55-0805221

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Benjamin Ocanto	381 NE 23rd Way Boca Raton, FL	
D	Robert Cuervo	381 NE 23rd Way Boca Raton, FL	
D	Mary Pat Curran	381 NE 23rd Way Boca Raton, FL	<i>[Signature]</i>

800009106558  
11/20/02--01044--002 \*\*\$1.25

8. Name and Address of Current Registered Agent

FINE, DAVID  
2 G STREET  
BOYNTON BEACH FL 33435

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/02

Date

Daytime Phone #

CP2E040 (8/02)

David Fine  
Sobersolution, Inc.  
No. 1000006481  
2 G. Street  
Boynton Beach, FL 33435

November 15, 2002

To whom it may concern,

I am sending a reinstatement fee of \$61.25 for my non-profit corporation Sobersolution, Inc. I did not receive prior UBR notices. In the future I will pay online to prevent a reoccurrence of this problem.

Thank you for your attention to this matter.

Sincerely,

  
David G. Fine, CEO and Registered Agent of Sobersolution, Inc.