

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 13 PM 4:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000003501

1. Corporation Name

Sobe Spay # Neuter Corporation

Principal Place of Business

Mailing Address

1605 Euclid Avenue, No. 1

~~1602 Alton Road, No. 122~~

Miami Beach, FL 33139

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

2. New Principal Office Address, If Applicable

1605 Euclid Avenue

Suite, Apt. #, etc.

No. 1

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. New Mailing Office Address, If Applicable

1602 Alton Road

Suite, Apt. #, etc.

No. 122

City & State

Miami Beach, FL

Zip

FL 33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/94

5. FEI Number

65-0506537

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Irma M. Barron	1605 Euclid Avenue #1 Miami Beach, FL 33139	Miami Beach, FL 33139
VD	Susan A. Fleming	1602 Alton Road No 122 Miami Beach, FL 33139	Miami Beach, FL 33139
TSD	Susan H. Pascual	1605 Euclid Avenue, No. 1	Miami Beach, FL 33139

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****183.75 ****183.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Irma M. Barron

1605 Euclid Avenue, No. 1
Miami Beach, FL 33139

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.

Signature of
Registered Agent

Irma Barron

REGISTERED AGENT MUST SIGN

Date 7.10.00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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., the 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Irma Barron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

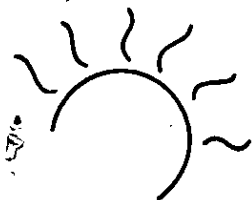
7/10/00 (305) 876-7815

Date

Daytime Phone #

CR2E081 (12/98)

2 of 2



SOBE Spay and Neuter Corporation

...HELPING THE FORGOTTEN FELINES OF MIAMI BEACH

July 26, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application for Reinstatement

~~Dear Madam or Sir:~~

Please find attached our organization's application for the reinstatement of the corporation. I would like to request the Florida Department of State to consider waiving the \$175.00 reinstatement fee. We understand that SOBE Spay and Neuter Corporation was "administratively dissolved" for its failure to submit its annual filing with the Florida Department of State. However, I would like to provide the following explanation as to the reason we did not file our Annual Report. Last year, our organization moved to a different address. When I realized that we had not received the Annual Report form, I called and requested a duplicate application to be mailed to the new address (I left a message on the answering machine twice). After a couple months and still not having received a duplicate application form, I called again and spoke with a representative and he advised that our organization had been "administratively dissolved." He further explained that he would mail a reinstatement application form to the new address and also advised that I should write a letter as stated above and that perhaps the reinstatement fee could be waived.

Therefore, please find an attached check for the amount of \$61.25. It is our *hope* that the Florida Department of State will waive the \$175.00 reinstatement fee. For this fee represents a lot to our organization since we are a ***not for profit organization*** and with this money we could spay seven female cats. Thank you for your consideration and understanding of this issue.

Humanely yours,

Susan H. Pascul
Treasurer/Secretary



- a not for profit organization -

1602 ALTON ROAD • SUITE 122 • MIAMI BEACH, FLORIDA 33139
TELEPHONE: (305) 864-8649