

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 16 AM 8:27

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

000088907740
02/21/07--01030--007 **481.25

REINSTATEMENT 03-07
CR2E081 (1/07)

DOCUMENT # N94000003501

1. Corporation Name

SOBE SPAY & NEUTER, CORPORATION

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

1605 Euclid Avenue

Suite, Apt. #, etc.

NO. 1

City & State

Miami Beach FL

Zip

33139

Country

USA

3. Mailing Office Address

1602 ALTON ROAD

Suite, Apt. #, etc.

RMB 122

City & State

Miami Beach FL

Zip

33139

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1994

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. Name and Address of Current Registered Agent

Name

JANA M BARRON

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

1605 Euclid Avenue

Suite, Apt. #, Etc.

NO. 1

City

Miami Beach

State

FL

Zip Code

33139

☐ 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

Mansam

Date 2.12.07

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
PD	JANA M BARRON	1605 Euclid Ave # 1	Miami Beach FL 33139
VD	SUSAN A FLEMING	1605 Euclid Ave # 1	Miami Beach FL 33139
TSD	SUSAN H PASCHL	1605 Euclid Ave # 1	Miami Beach FL 33139
	<i>[Signature]</i>		

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 contained in Chapter 119, 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:

Mansam PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.12.07

Date

305 606 5083

Daytime Phone #