

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005414

1. Corporation Name

SAVE SOBE, INC.
2700 S.W. 27th Avenue
Miami, FL 33133

Principal Place of Business

1999 N.E. 164 Street
North Miami Beach, FL 33162

Mailing Address

1999 N.E. 164 Street
North Miami Beach,
FL 33162

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

September 23, 1997

5. FEI Number

65-0784222

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.,	Patricia Ziegler	1999 N.E. 164 Street	North Miami Beach, FL 33162
Director, Secretary	,, ,,	,, ,, ,, ,,	,, ,, ,, ,, ,,
V.P., Dir	Victor Michaels	1999 N.E. 164 Street	North Miami Beach, FL 33162
Treas., Director	Devon Ziegler	1999 N.E. 164 Street	North Miami Beach, FL 33162

8. Name and Address of Current Registered Agent

Sy Chadroff
1931 N.E. 197 Terrace
North Miami, FL 33179

9. Name and Address of New Registered Agent

Name
Patricia Ziegler
Street Address (P.O. Box Number is Not Acceptable)
1999 N.E. 164 Street
Suite, Apt. #, Etc.

City
North Miami Beach

State
FL

Zip Code
33162

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

Patricia Ziegler REGISTERED AGENT MUST SIGN

Date September 29, 1999

11. This corporation owes or has paid 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., 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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia Ziegler, President

09/29/99 (305) 944-4311

Date

Daytime Phone #

FILED

99 OCT -4 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

CR2E040 (1/98)