

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000024541

1. Corporation Name

SBH Group, Inc.

2. Principal Office Address

Lucrecia Espinal

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33179

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/2002

5. FEI Number

01-0616296

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

Lucrecia Espinal

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

1230 N.E. 204 Terrace

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33179

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

Date

12-26-03

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
President	Lucrecia Espinal	1230 N.E. 204 Terrace	North Miami Beach, FL 33179
President	Barbie Papazoglou	1230 N.E. 204 Terrace	North Miami Beach, FL 33179

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 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:

Lucrecia Espinal 12/26/03

786-486-6669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (10/02)

December 26, 2003

To whom it may concern:

Please accept this letter as a request/petition to have the reinstatement fee waved, for I did not know I needed to pay this. I was told that I was sent some letters stating that my corporation was going to become inactive if I did not pay. Please believe me when i tell you that i did not receive one of those letters stating so.

I have enclosed a \$150.00 check that I was told to send along with this letter.

I hope you can issue me this request. Any questionns i can be reached at 786-486-6669.

Many thanks,

A handwritten signature in black ink, appearing to read 'Lucrecia Espinal', written in a cursive style.

Lucrecia Espinal