

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000018938

**Entity Name:** SOBE INSTITUTE INC

**FILED**  
**Jan 30, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

4308 ALTON RD  
SUITE 910  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

4308 ALTON RD  
SUITE 420  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4308 ALTON RD  
SUITE 910  
MIAMI BEACH, FL 33140

**New Mailing Address:**

4308 ALTON RD  
SUITE 420  
MIAMI BEACH, FL 33140

**FEI Number:** 26-4363714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, HERIBERTO  
13151 SW 23 STREET  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: /HERIBERTO RODRIGUEZ/

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAREDES, JUAN CARLOS  
Address: 50 OCEAN LANE DR APT # 202  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUAN CARLOS PAREDES

P

01/30/2013

Electronic Signature of Signing Officer or Director

Date