

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 15 PM 3:59

DOCUMENT #

P 94000000 798

1. Corporation Name

So Be Sundries, Inc.

2. Principal Office Address

3845 COCO GROVE AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33133

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 97-02

4. Date Incorporated or Qualified To Do Business in Florida

01/05/1994

5. FEI Number

65045-7700

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

GAILLEN DAVID

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

3845 COCO GROVE AVENUE

Suite, Apt. #, Etc.

City

COCONUT GROVE MIAMI

State

FL

Zip Code

33133

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

[Signature]

Date

02/01/02

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
Pres	Gailen David	3845 COCO GROVE AVE COCONUT GROVE FL 33133	COCONUT GROVE FL 33133
V.P.	Daphne Parker	3845 COCO GROVE AVE	COCONUT GROVE FL 33133

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:

[Signature] GAILLEN DAVID

Date

2/01/02

Daytime Phone #

305-586-3679

305-476-1941

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