

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
APR 21 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000798

1. Corporation Name

SoBe Sundries, Inc.

2. Principal Office Address

3845 Coco Grove Ave

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

Zip

33133

Country

U.S.A.

3. Mailing Office Address

3845 Coco Grove Ave

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

Zip

33133

Country

U.S.A.

REINSTATEMENT

03-84

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

630457700

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

Gailen David

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

3845 COCO GROVE AVE

Suite, Apt. #, Etc.

City

COCONUT GROVE

State

FL

Zip Code

33133

000033476480
04/21/04--01077--012 **301.75

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]

REGISTERED AGENT MUST SIGN

Date

4/12/04

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
P	Gailen David	3845 COCO GROVE AVE COCONUT GROVE, FL 33133	COCONUT GROVE FL 33133
V.P.	DAPHNE PARKER	310 VELARDE AVENUE	CORAL GABLES, FL 33134

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] Gailen Lee David

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2004

Date

305-773-

3627

Daytime Phone #

CR2001 (01/04)

B 2 192

April 12, 2004

Department of State
Florida Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

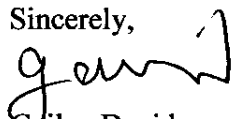
Re: Sobe Sundries, Inc.
FEI: 650457700
Doc. # P94000000798

To Whom It May Concern:

I respectfully request waiver of reinstatement fees due to not receiving our annual report.
I have enclosed fees for 2003 and 2004, plus additional fees that are required.

Thank you in advance for your assistance with the matter.

Sincerely,



Gailen David
Sobe Sundries, Inc.