

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 AUG 20 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000085107

1. Corporation Name
SOBE, Inc.

Principal Place of Business: 2681 W 81st Street, Hialeah, FL, 33016
Mailing Address: P.O. Box 172268, Hialeah, FL, 33017-2268

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

2. New Principal Office Address, if Applicable
3. New Mailing Office Address, if Applicable
4. Date Incorporated or Qualified To Do Business in Florida: 10/31/95
5. FEI Number: [] Applied For [X] 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Leiter, Luis E	6789 Brookline Dr.	Miami, FL, 33015
Vice Pres	Leiter, Mirtha	6789 Brookline Dr.	Miami, FL, 33015

REINSTATEMENT 97-98 B 8/20
500002622195-7
-08/21/98-01078-004
****900.00 ****900.00

8. Name and Address of Current Registered Agent
SUAREZ, GUS
2151 Le Jeune Road, Mezzanine
Coral Gables, FL, 33134-4200

9. Name and Address of New Registered Agent
Name: Leiter, Luis F.
Street Address (P.O. Box Number is Not Acceptable): 399 Carrington Dr.
Suite, Apt. #, Etc.:
City: Ft. Lauderdale State: FL Zip Code: 33324

10. 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: [Signature] REGISTERED AGENT MUST SIGN Date: August 18, 1998

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] August 18, 1998 305-822-4606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Luis E. Leiter Pres.
Date: August 18, 1998 Daytime Phone #: 305-822-4606