

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000086631

1. Corporation Name
SOBE MUSIC FEST, INC.

Principal Place of Business
1100 N.W. 82ND AVENUE
MIAMI FL 33125

Mailing Address
1100 N.W. 82ND AVENUE
MIAMI FL 33125

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

2. New Principal Office Address, If Applicable
1666 NW 82 Avenue
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1666 NW 82 Avenue
Suite, Apt. #, etc.

City & State
Miami, Florida 33126

City & State
Miami, Florida 33126

Zip Country
33126 USA

Zip Country
33126 USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/17/1996

5. FEI Number ☒ Applied For
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FLETCHER, JEFFREY J	1666 N.W. 82 AVENUE	MIAMI FL 33125
D	GIBBONS, BARRY	1666 N.W. 82 AVENUE	MIAMI FL 33125
D	LIEFF, ANN S	1666 N.W. 82 AVENUE	MIAMI FL 33125
D	TURNER, LAWRENCE O JR.	404 WASHINGTON AVE, STE 800	MIAMI BEACH FL 33139

100002380141-7
-12/23/97-01033-005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~SHEEHE & VENDITTELLI, P.A.~~
~~ONE BISCAYNE TOWER, SUITE 1684~~
~~2 SOUTH BISCAYNE BLVD~~
~~MIAMI FL 33131~~

9. Name and Address of New Registered Agent

Name
Ann S. Lieff

Street Address (P.O. Box Number is Not Acceptable)
1666 NW 82nd Avenue
Suite, Apt. #, Etc.

City State Zip Code
Miami FL 33126

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

Ann S. Lieff

REGISTERED AGENT MUST SIGN

Date 11/10/97

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:

Ann S. Lieff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97

Date

(305) 592-7288

Daytime Phone #