FILED
02 JUN -3 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093343

1. Corporation Name
SONNDAVE INC

200005767482--0
-06/14/02--01064--006
****915.00 ****915.00

2. Principal Office Address	3. Mailing Office Address
2940 NW Commerce Park DR	SAME
Suite, Apt. #, etc.: UNIT #9	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State
Zip: 33426 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/12/96

5. FEI Number: 65-0707397 ☐ 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: DAVID Schwartz

Street Address (P.O. Box Number Is Not Acceptable): 7180 Copperfield Circle

Suite, Apt. #, Etc.:

City: Lake Worth, FL 33467-7129 State: FL Zip Code:

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: X [signature] Date: X 5-31-2002

REGISTERED AGENT MUST SIGN

CR2E031 (9/01)

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/ Sec	DAVID Schwartz	7180 Copperfield Circle Lake Worth, FL 33467	
		416.25-AR	
		10.00-ARAFS	
		88.75-ARSUPP	
		400.00-CRA	

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: X [signature] 5-31-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #