APPLICATION FLORIDA DEPARTMENT OF STATE SANDER FOR REINSTATEMENT  DOCUMENT # P97000006367  1. copposition Name  SOPHIE PHILIPPART, INC  Principal Piece of Bischooses 1900 SUNSET HARBOUR DR SUITE 1002  MAMI BEACH, FL 33139  Mailing Address 1900 SUNSET HARBOUR DR SUITE 1002  MAMI BEACH, FL 33139  Mailing Address 1900 SUNSET HARBOUR DR SUITE 1002  MAIM BEACH, FL 33139  Mailing Address 1000 SUNSET HARBOUR DR SUITE 1002  MAIM BEACH, FL 33139  MAIN BEACH, FL 33139		PLEASE READ	ALL INS	TRUCTIONS	BEFORE C	OMPLETI	SOPHIE PHILIPI NG THIS FORM		720900	
Sandra B. Morthage  Secretary of State DOCUMENT # P97000006367  1. Corporation Name  SOPHILE PHILIPPART, INC  Principal Place of Business 1900 SUNSET HARBOUR DR SUITE 1002  MIAMI BEACH, FL 33139  MIAMI BEAC	AP		FLORID	A DEPARTMENT OF STATE		,				
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7. Name and Street Addresses of Each Officer andor Director (Florida nonprofit corporations must find at heat 3 directors)  Title(s) 2 and/or Directors 3 (Do NOT Use Post Office of Sox Numbers) 4 City / State / Zip  P SOPHIE PHILIPPART I 1900 SUNSET DR SUITE 1002 MIAM! BEACH, FL 33139  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 1900 SUNSET DR SUITE 1002 MIAM! BEACH, FL 33139  8. Name and Address of Current Registered Agent 1900 SUNSET DR SUITE 1002 MIAM! BEACH, FL 33139  8. Name and Address of New Registered Agent 1900 SUNSET DR SUITE 1002 MIAM! BEACH, FL 33139  8. Name and Address of New Registered Agent 1900 SUNSET DR Suite Agent Address (P.O. Box Number is Not Acceptable)  8. Name and Address of New Registered Agent 1900 SUNSET DR Suite Agent Address (P.O. Box Number is Not Acceptable)  8. Signature of Sunder Address (P.O. Box Number is Not Acceptable)  8. Signature of Sunder Address (P.O. Box Number is Not Acceptable)  9. Signature of Sunder Address (P.O. Box Number is Not Acceptable)  10. I. being appointed the registered agent of Jacabbee named corporaties, am familiar with and accept the obligations of Section 607,0505, F.S.  10. I. being appointed the registered agent of Jacabbee named corporaties, am familiar with and accept the obligations of Section 607,0505, F.S.  11. This corporation owes or has paid the current year 1900 Sunder Market Mar		Zip Country Zip				SR.75 Additional Fee :		Fee required L of Status		
Tile(c) 2 and/or Directors 3 (Do Not Use Pect Office Box Numbers) 4 City / State / Zip City						least 2 disasters	<del></del>			
SOPHIE PHILIPPART  3 (Co NOT Use Post Office Box Numbers)  4 1900 SUNSET DR SUITE 1002  MIAMI BEACH, FL 33139  BDDDD3327938 33139  8 DDDD3327938 33139  8 DDDD3327938 33139  8 DDDD3327938 33139  8 DDDD3327938 33139  8 Name and Address of New Registered Agent  9 Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Surie, Apt. 8, Etc.  City  Registered Agent  10. 1. being appointed the registered agent of May above named corporation, and familiar with and accept the obligations of Section 607.6505, F.S.  Signature of Registered Agent  11. This corporation owes or has paid the current year Intendigible Personal Property tax due June 30.  12. I certify that I am an officer or director or the receiver or trustee empowered to account bis application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate mane satisfies the requirements of section 607.0401 or 617.0401, F.S. The information indicated on this application is true and accourate, and my signature shall have the same legal effect as if made under cert.  SIGNATURE:  SIGNATURE:	7. 1421102		NOI DITECTO (F)				<del>j</del>			
8. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 5, Etc.  Signature of Agent  Registered Agent  10. I, being appointed the registered Agent Agent  Registered Agent  Registered Agent  Name  Sireat Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 5, Etc.  Signature of Agent  Registered Agent Agent  Registered Agent Agent Agent Address (P.O. Box Number is Not Acceptable)  Signature of Agent A						Cit	ty / State / Zip			
8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  JACK LEVINE  16855 NE 2ND AVENUE/SUITE 303  NORTH MIAMI BEACH, FLORIDA 33162  Signature of Registered Agent  R		SOPHIE PHILIPPART	<del></del>							
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8. Name and Address of Current Registered Agent    JACK LEVINE		<del></del>							8 <del>29  </del>	
JACK LEVINE  16855 NE 2ND AVENUE/SUITE 303  NORTH MIAMI BEACH, FLORIDA 33162  Suite, Apt. #, Etc.  City  State  City  State  To liber 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  REGISTERED AGENT MUST SIGN  11. This corporation owes or has paid the current year  Intangible Personal Property tax due June 30. Yes No  12. Leartify 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(0), 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:	ļ					**************************************				
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NORTH MIAMI BEACH, FLORIDA 33162    City	Street Address (P					O. Box Number is Not Acceptable)				
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