

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 21 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000706305

1. Corporation Name

Sobe Sales and Distributing, Inc

Principal Place of Business

Mailing Address

1678 Collins Ave.
Miami Beach, FL 33139

(same)

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/16/97	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0812899	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ 7. To be used by Florida Secretary of State					

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
V.P.	EARL S. Bagan	11214 Pines Blvd. #174	Pembroke Pines, FL 33026
			700002857317
			-04/29/99--01113--008
			***500.00 ***500.00
			REINSTATEMENT 98-99 75 4/21/99
			700002857317
			-04/29/99--01113--009
			***400.00 ***400.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
EARL S. BAGAN		Name	
11214 Pines Blvd., #174		Street Address (P.O. Box Number is Not Acceptable)	
Pembroke Pines, FL 33026		Suite, Apt. #, Etc.	
		City	
		State / Zip Code	
		FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.			
Signature of Registered Agent		Date	
		4/16/99	
REGISTERED AGENT MUST SIGN			

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒	(See other side for information on intangible tax)
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EARL S. BAGAN, V.P.

4/16/99

Date

(754) 270-1470

Daytime Phone