

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 26 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/26/02--01038--013
****900.00 ****900.00

REINSTATEMENT 01-02

DOCUMENT # P980000042728

1. Corporation Name

Sphere Multimedia Technologies, Inc

2. Principal Office Address

3802 NE 207th Street

3. Mailing Office Address

Suite, Apt. #, etc.

2901

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Zip

33180

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

65-0849176

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

Israel Kaganas

Street Address (P.O. Box Number is Not Acceptable)

3802 NE 207th Street

Suite, Apt. #, Etc.

2901

City

Aventura

State
FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date

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
P	Israel Kaganas	3802 NE 207th Street, 2901	Aventura FL 33180
VP	Zulma Kaganas	3802 NE 207th Street, 2901	Aventura FL 33180

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)