

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 20 AM 10:19

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000042728

1. Corporation Name

SPHERE MULTIMEDIA TECHNOLOGIES, INC

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

19501 W COUNTRY CLUB DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

1406

Suite, Apt. #, etc.

City & State

AVENTURA

City & State

Zip

33180

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1998

5. FEI Number
650849176

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

ZULMA N. KAGANAS

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

19501 W COUNTRY CLUB DRIVE

Suite, Apt. #, Etc

1406

City

AVENTURA

State

FL

Zip Code

33180

400183441644
07/20/10--01002--005 **2108.75

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

Date **7/15/2010**

REGISTERED AGENT MUST SIGN

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	19501 W COUNTRY CLUB DRIVE, 1406	AVENTURA, FL 33180
V	ZULMA N KAGANAS	19501 W COUNTRY CLUB DR, 1406	AVENTURA, FL 33180

10. E-mail Address: **IKZK@AOL.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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:

ZULMA KAGANAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/2010 305 495 7132