

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLOIDA DEPARTMENT OF STATE  
Catherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

*OPAR*

FILED

99 DEC 21 PM 12: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000075895**

1. Corporation Name

**SOBE EXPRESS INC.**

Principal Place of Business

Mailing Address

2130 PARK AVE. #62  
MIAMI BEACH FL 33139

2130 PARK AVE. #62  
MIAMI BEACH FL 33139

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

08/31/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For  
Not Applicable

City & State

City & State

59-3539675

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
D	BRACHO, BENITO M	2130 PARK AVE, #62	MIAMI BEACH FL 33139

300003082553--0  
-12/29/99--01012--024  
\*\*\*150.00 \*\*\*150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRACHO, BENITO M  
2130 PARK AVE, #62  
MIAMI BEACH FL 33139

Name: *George Brito*  
Street Address (P.O. Box Number is Not Acceptable):  
*407 Lincoln Rd #5B*  
Suite, Apt. #, Etc.

City: *Miami Beach* | State: **FL** | Zip Code: *33139*

10. I, being 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

**SIGNATURE REQUIRED**

Date: *12-17-1999*

REGISTERED AGENT MUST SIGN

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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12-17-1999 305-534-9292*

Date

Daytime Phone #