

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL -7 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000091190*

1. Corporation Name

Sphere Communications, Inc.

2. Principal Office Address

11512 47th Rd N.

Suite, Apt. #, etc.

3. Mailing Office Address

11512 47th Rd N

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33411

Country

United States

Zip

33411

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/98

5. FEI Number

65-0872973

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

MIGUEL A. GONZALEZ

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

11512 47th Rd N.

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code

33411

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

Miguel Gonzalez

REGISTERED AGENT MUST SIGN

Date

7/5/06

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
<i>Pres.</i>	<i>Miguel A. Gonzalez</i>	<i>11512 47th Rd N.</i>	<i>West Palm Beach, FL 33411</i>
		<i>07/11</i>	

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 contained in Chapter 119, 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:

Miguel Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/5/06 (561)662-0294

Daytime Phone #

SPHERE COMMUNICATIONS, INC.

11512 47th Road N
West Palm Beach, FL 33411
Phone (561) 662-0294



July 5, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

We moved in August 2003. Because of lost mail, we believe that we did not receive important information pertaining to our corporation and are now trying to resolve these issues. As per your representative, please acknowledge this letter and the attached Reinstatement form as our request for reinstatement. Attached also is payment for 2004, 2005 and 2006 for \$150.00 each year for a total of \$450.00. I understand that confirmation of our reinstatement would be by way of the cashed check. Thank you for your help with this matter. If you have any questions, please feel free to contact us at (561) 452-0351

Sincerely,

A handwritten signature in black ink that reads "Miguel Gonzalez". The signature is written in a cursive, flowing style.

Miguel Gonzalez
President