PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 11 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000046814

1. Corporation Name 1608 SOBE HOLDINGS, INC.

2. Principal Office Address	**3.** Mailing Office Address
Therrel Baisden; 1 S.E. 3rd. Ave	Therrel Baisden, P.A. One S.E. 3rd Ave
Suite, Apt. #, etc.: 2400	Suite, Apt. #, etc.: 2400
City & State: Miami, Fl	City & State: Miami, Fl
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: May 24, 1999

5. FEI Number: 65-092-5596 ☐ 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: ELLEN ROSE

800004483798--9
-07/18/01--01002--031
******8.75 ******8.75

Street Address (P.O. Box Number is Not Acceptable): THERREL BAISDEN P.A. ONE SOUTHEAST THIRD AVE

Suite, Apt. #, Etc.: SUITE 2400

City: MIAMI State: FL Zip Code: 33131

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: Ellen Rose Date: 7-10-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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/D	Dirk Stinson	1455 Ocean Drive Unit 1608	Miami Beach, Fl 33139
			800004483798--9 -07/18/01--01002--032 ****900.00 ****900.00
		REINSTATEMENT 00-01	
			MW

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: DIRK STINSON 7-10-01 786-276-9277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 217081 7135588

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : July 11, 2001

ORDER TIME : 1:22 PM

ORDER NO. : 217081-005

CUSTOMER NO: 7135588

CUSTOMER: Ellen Rose, Esq
Therrel Baisden, P.a.
Suntrust International Center
One S.e. 3rd Ave. Suite 2400
Miami, FL 33131

RECEIVED
01 JUL 11 PM 2:29
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: 1608 SOBE HOLDINGS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carla E. Lohi

EXAMINER'S INITIALS _____