

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV 18 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055752

1. Corporation Name

SOBE EQUITY TRADING, INC.

2. Principal Office Address

3. Mailing Office Address

1717 24TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH FL

Zip

Country

Zip

Country

33140

4. Date Incorporated or Qualified
To Do Business in Florida

06 17 1999

5. FEI Number

65-0927295

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

GIL CASTILLO

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

1717 24TH STREET

Suite, Apt. #, Etc.

100009119401

11/20/02--01082--015 **450.00

City

MIAMI BEACH

State

FL

Zip Code

33140

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 11 15 2002

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
PRES	GIL CASTILLO	1717 24TH ST	MIAMI BEACH FL 33140

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

PRESIDENT

11 15 02

Date

Daytime Phone #

GLASSBERG & MERMER, CPAs PC

Certified Public Accountants

HAROLD J. GLASSBERG
ROY F. GLASSBERG, C.P.A.
RONALD A. MERMER, C.P.A.
HERBERT GLASSBERG, L.P.A.
(1933 - 1983)

November 15, 2002

Department of State
Division of Corporation
Attn: Sean Toner
409 East Gaines Street
Tallahassee, FL 32399

RE: SOBE Equity Trading, Inc.

Dear Re-Instatement Department:

As per your instructions, I am enclosing a check for \$450.00 for the Re-Instatement of SOBE Equity Trading, Inc.. He moved and never got his mail forwarded to him. This check will cover the back years and the current years. Please change his address to 1717 - 24th Street, Miami Beach, FL 33140 C/O Gil Castillo.

Thank you for your time and patience.

Roy F. Glassberg, CPA

Glassberg & Mermer, CPA's PA
Accountants & Auditors

[] 1070 ROUTE 9 SUITE 203
FISHKILL, NY 12524
(845) 897-5108
(845) 897-5183 FAX

[] 400 RELLA BLVD SUITE 213
SUFFERN, NY 10901
(845) 368-1095
(845) 368-1470 FAX

xx 123 NW 13th ST. SUITE 312
BOCA RATON, FL 33432
(877) 447-7544/ (561) 447-7544
(561) 447-7545 FAX

[] 37 SAWMILL RIVER ROAD
HAWTHORNE, NY 10532
(914) 347-8003
(914) 347 - 8005 FAX