## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 FEB 25 AM 9: 27
DOCUMENT # \$99,0000 80846  1. Corporation Name		SECRETARY OF STATE TALLAHASSFE, FLORIDA
Sobol Investments	Inc	
2. Principal Office Address  148 W. New York Ave  Suite, Apt. #, etc.	3. Mailing Office Address  148 W. New York Ave Suite, Apt. #, etc.	REINSTATEMENT 02-0
City & State  De Land, FL Zip Country 32720 USA	City & State  De Land, FL  Zip Country	4. Date Incorporated or Qualified To Do Business in Florida  12/2006  5. FEI Number  59 - 3595548  Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED  \$8,75 Additional Fee required
32720 USA	32720 USA 7. Name and Address of Current Register	for a Centricate of Status
Name  Lee Wang  Street Address (P.O. Box Number is Not Acceptable)  1736 Valencia Ave  Suite, Apt. #, Etc.  City  Ormand  Beach  State Zip Code  FL 32/74		
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		
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	
P John Sobol	1775 Deer Creek	C+ Son Jose, CA 9:5148
V Patricia Sobol	1715 Deer Creek	CT San Jose, CA 95148
5 Amanda Wilson	1775 Deer Creek	C+ Sa, Jose CA 95/48
T Lee Wing	1736 Valencia A	ve Ornand Beach, FL 37174
D Barbara Shaler	140 Harber Lake C	West Palm Beach, FL 33413
D Michael Sabol	129 Plumage Ln	West Palm Beach FL 33415
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 filling 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 cath.  SIGNATURE:    10.0   380/405-2.466   Daytime Phone #		

JS 2/24

ZE081 (10/02)