

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN -4 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084740

1. Corporation Name

SOBE REALTY AND ASSOCIATES, INC

2. Principal Office Address

715 5TH STREET

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

Country

33139

3. Mailing Office Address

715 5TH STREET

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

Country

33139

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/1999

5. FEI Number

65-0950349

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

100005822381--8

-06/18/02--01072--021

****450.00 ****450.00

7. Name and Address of Current Registered Agent

Name

ORTNER, HORST

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

715 5TH STREET

Suite, Apt. #, Etc.

City

MIAMI BEACH

State Zip Code

FL

33139

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

Date 5/17/2002

REGISTERED AGENT MUST SIGN

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 / Street / Zip
PTD	ORTNER, HORST	715 5TH STREET	MIAMI BEACH, FL 33139
VSD	ROUSSEAU, DANIEL	715 5TH STREET	MIAMI BEACH, FL 33139
		351.25-AR	
		10.00-ARARTS	
		88.75-ARsupp	

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

PRES.

5/17/2002

Date

305-672-2002

Daytime Phone #

AICPA MEMBER

Tax & Accounting Office of

NHSCPA MEMBER

ALAN N. RAZLA, PA.

(954) 983 - 9394 Tel

(954) 983 - 6799 Fax

E-mail: wwwcpa@netzero.net

Florida Office:

ALAN N. RAZLA, PA
3218 Stirling Road
Hollywood, Florida
33021

NH Office

ALAN N. RAZLA, CPA
Certified Public Accountant
26 South Main St. Suite 521
Concord, NH 03301

B"H

May 13, 2002

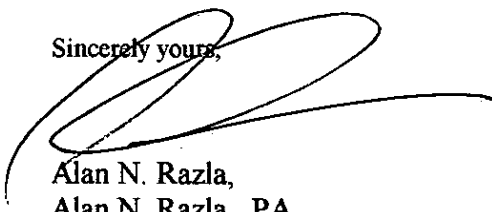
RE: SOBE Realty and Associates Inc.,
P99000084740

Dear Sir or Madam:

Enclosed is a completed Corporation Reinstatement Form for the above Company. Please be advised that neither our office, or our client's office, or the registered agents office did not receive the pre-printed annual report in the mail for 2000, 2001 or 2002. In fact this report was prepared by our office on behalf of the client from information derived from the internet site. Our clients were notified by their bank that their Company is "Not Active". They immediately contacted our office to prepare the following.

We ask that you please accept this application and waive the late penalty. I thank you in advance. Enclosed is the annual fees for the 3 above years of \$450.

Sincerely yours,



Alan N. Razla,
Alan N. Razla, PA

anr:dn

Enclosure: