

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**P8192**

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**2000UBR**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000103194**

1. Corporation Name

**SO BE WEB AND GRAPHIC DESIGN, INC.**

Principal Place of Business

Mailing Address

**520 BRICKELL KEY DRIVE  
SUITE 1910  
MIAMI FL 33131**

**520 BRICKELL KEY DRIVE  
SUITE 1910  
MIAMI FL 33131**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/29/1999**

5. FEI Number

**65-0966481**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>D</b>	<b>RETTET, SHIRLEY</b>	<b>520 BRICKELL KEY DRIVE, #1910</b>	<b>MIAMI FL 33131</b>
<b>D</b>	<b>RETTET, AHUVA</b>	<b>520 BRICKELL KEY DRIVE, #1910</b>	<b>MIAMI FL 33131</b>
			<b>SP</b>

8. Name and Address of Current Registered Agent

**RETTET, SHIRLEY  
520 BRICKELL KEY DRIVE  
SUITE 1910  
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Shirley Rettet*

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/11/2000**

11. 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:

*Shirley Rettet*  
**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/11/2000**  
Date

Daytime Phone #

CR2E040 (8/00)

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**ISAAC FRANCO**  
**CERTIFIED PUBLIC ACCOUNTANT**

MEMBER-AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

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October 13, 2000

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

Re: So Be Web and Graphic Design, Inc.  
P99000103194

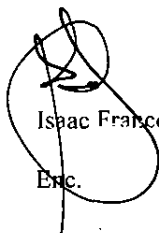
To Whom It May Concern:

Enclosed please find a re-executed Corporation Annual Report as instructed by Tyrone in your office. Enclosed you will also find a copy of the check sent with the original annual report, which was negotiated by you.

Apparently, according to the telephone conversation with Tyrone, the original document was not processed due to a need for a federal employer identification number. We have included the F E I number on the enclosed report in compliance with Tyrone's instructions. At the time of the original filing, the F E I number was apparently still applied for.

Please process the form and adjust your records accordingly. Thank you in advance for your attention to this matter. Should you need any further information, please feel free to contact me.

Sincerely,

  
Isaac Franco, CPA  
Enc.