

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000017753
Name and Mailing Address

04 MAY 10 PM 1:10

WL 05/10/04

0007626 01 AT 0.292 **AUTO T8 0 0615 33180-453026
SOLEMAR, LLC
3530 MYSTIC POINTE DRIVE #1701
AVENTURA FL 33180-4530



REINSTATEMENT 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/15/2002	
Principal Place of Business 3530 MYSTIC POINTE DRIVE #1701 AVENTURA FL 33180	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent TOBIN, MICHAEL S ROTHMAN & TOBIN, P.A. 11900 BISCAYNE BLVD., SUITE 740 MIAMI FL 33181	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300036187009 05/12/04--01023--004 **50.00 City FL Zip Code
---	--

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date 3/17/04
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	AMBE, SALOMON	3530 MYSTIC POINTE DRIVE, #1701	AVENTURA FL 33180
			600031293706
			03/29/04 01003 001
			150.00

REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver/trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] **SIGNATURE REQUIRED** Date 3/17/04 Daytime Phone # _____
Typed or printed name of signing Managing Member/Manager _____

CR2E0B4 (7/03)