

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200008818782

11706/02--01031--017 \*\*750.00

DOCUMENT # P96000063869

1. Corporation Name

SOLAYRE MEDIA, INC.

Principal Place of Business

149 W. RIVERBEND DR.  
SUNRISE FL 33326

Mailing Address

POST OFFICE BOX 551405  
FORT LAUDERDALE FL 33355

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

2. New Principal Office Address, If Applicable

4568 N. HIATUS ROAD

Suite, Apt. #, etc.

SUNRISE, FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

33351

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/1996

5. FEI Number

65-0688219

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | HALVORSEN, KEVIN M                        | 149 WEST RIVERBEND DRIVE                               | SUNRISE FL 33326        |
| S             | ALVAREZ, BRYAN D                          | 149 WEST RIVERBEND DRIVE                               | SUNRISE FL 33326        |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

MUSSMAN, JAY D  
5881 NW 151ST #101  
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name

KEVIN M. HALVORSEN

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

149 W. RIVERBEND DRIVE

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33326

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-30-02

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

SIGNATURE REQUIRED  
BRYAN D. ALVAREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-02

CR2E040 (8/02)