


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
06 AUG 14 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000010247**

1. Entity Name  
**SOLDE INC.**



Principal Place of Business  
**8550 W. CHARLESTONE BLVD. STE #102-105  
LAS VEGAS, NV 89117**

Mailing Address  
**8550 W. CHARLESTONE BLVD. STE #102-105  
LAS VEGAS, NV 89117**

2. Principal Place of Business  
Suite, Apt. #, etc.

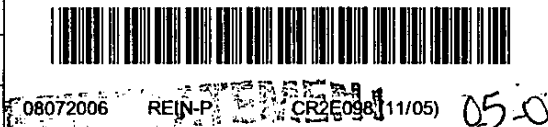
3. Mailing Address  
**102 Grandlea Cres.**  
Suite, Apt. #, etc.

City & State  
**Markham, ON**

Zip  
**L3S 4A3**

Country  
**Canada**

6. Name and Address of Current Registered Agent  
**SUKHASAM, NIK  
6398 17TH AVENUE NORTH  
ST. PETERSBURG, FL 33710**



4. FEI Number  Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>LALLA, MICHAEL</b>		NAME	
STREET ADDRESS <b>8550 W. CHARLESTONE BLVD. STE #102-105</b>		STREET ADDRESS	<b>600078764486</b>
CITY-ST-ZIP <b>LAS VEGAS, NV 89117</b>		CITY-ST-ZIP	<b>08/16/06--01024--015 **208.75</b>
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>LALLA, RITA</b>		NAME	
STREET ADDRESS <b>8550 W. CHARLESTONE BLVD. STE #102-105</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAS VEGAS, NV 89117</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rita Lalla* **Aug. 7<sup>th</sup>, 2006** (905)471-6530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #