

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 2:34

DOCUMENT # **272115**

1. Corporation Name

SOLAR COSMETIC LABS, INC.

Principal Place of Business

Mailing Address

4920 N.W. 165 ST.
MIAMI LAKES FL 33014
US

4920 N.W. 165 ST.
MIAMI LAKE FL 33014
US

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1963

SP

5. FEI Number

59-1022566

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
PD	DORNBUSCH, JAIME	21150 POINT PLACE #1504	AVENTURA FL
D	HANKS, ROBERT	ONE BOSTON PLACE, SUITE 2100	BOSTON MA 02108
VSD	GARAZI, EDWARD	4920 NW 165 ST	MIAMI FL
D	MYERS, RUSSELL R	300 NORTH GREENE STREET	GREENSBORO NC 27401
VT	LUNDGREN, ROBERT	14545 SW 79 COURT	MIAMI FL 33158
D	GRAY, STEVEN	270 CONGRESS STREET	BOSTON MA 02210

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DORNBUSCH, JAIME
4920 N.W. 165 ST.
MIAMI LAKES FL 33014

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

900004670529--0

11/07/01 01039-016

***758.75 ***758.75

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

REGISTERED AGENT MUST SIGN

Date

10/18/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01

Date

305 621-5557

Daytime Phone #

CR2ED40 (8/01)