

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

05 NOV 22 AM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 489416

1. Corporation Name

SOLAR PRODUCTS, SUN TANK INC.

2. Principal Office Address

160 Summit Avenue

Suite, Apt. #, etc.

City & State

Montvale, NJ

Zip

07645

Country

US

3. Mailing Office Address

160 Summit Avenue

Suite, Apt. #, etc.

City & State

Montvale, NJ

Zip

07645

Country

US

REINSTATEMENT

98-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1975

5. FEI Number

59-1658095

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark Shefts

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

4461 Waters Edge Lane

Suite, Apt. #, Etc.

City

Sanibel

State

FL

Zip Code

33957

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X *[Signature]*

Date 11/17/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Harvey Houtkin	3900 Island Blvd #4	Aventura, FL 33160
S/T	Mark Shefts	4461 Waters Edge Lane	Sanibel, FL 33957

10. 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: X *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/05

Date

201-782-0888

Daytime Phone #

K. Eckel NOV 23 2005