

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 31 AM 11:37

DOCUMENT # 543565

1. Corporation Name

BUHL DEL SOL, INC.

2. Principal Office Address

200 Commerce Drive

3. Mailing Office Address

200 Commerce Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rochester, NY

City & State

Rochester, NY

Zip

14623

Country

USA

Zip

14623

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/22/1977

5. FEI Number

25-1332714

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

National Corporate Research, Ltd., Inc.

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

103 N. Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

Theresa M. Lennon

Date

12/26/02

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/D	Julian Goldstein	200 Commerce Drive	Rochester, NY 14623
V/S/D	Jeremy Goldstein	200 Commerce Drive	Rochester, NY 14623

12/31/02--01009--013 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julian Goldstein

12/23/02

(585) 359-4000

Date

Daytime Phone #

CR02E081 (9/01)