

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002523

1. Corporation Name

SOLDATA, INC.

Principal Place of Business

401 EAST JEFFERSON, SUITE #108
ROCKVILLE MD 20850

Mailing Address

401 EAST JEFFERSON, SUITE #108
ROCKVILLE MD 20850



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

201

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

201

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/2000

5. FEI Number

52-2225321

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
FD	TARRALLE, BERNARD	401 EAST JEFFERSON, SUITE #108 201	ROCKVILLE MD 20850
FD	LAFONTA, JEAN	6 RUE DE WATFORD	NANTERRE, FRANCE 92000
D	SAINT GERMAIN, HUGHES	6 RUE DE WATFORD	NANTERRE, FRANCE 92000
ST	HOURNBUCKLE, LEWIS	401 EAST JEFFERSON, SUITE #108 201	ROCKVILLE MD 20850
P	LAURENT LEFEBURE	401 E JEFFERSON # 201	Rockville MD 20850
D	DONALD BRUCE	161 BITTERSWEET CIRCLE	VENETA PA

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

100024999281

11/24/03--01129--012 **750.00

FL

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.

ANN LASKOWSKI

Assistant Secretary

Signature of
Registered Agent

Ann Laskowski

Date

12-24-2003

REGISTERED AGENT MUST SIGN

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:

LL Hournbuckle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 OCT 03

Date

3013150670

Daytime Phone #

CR2E040 (7/03)