

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 28 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008633240
10/28/02--01111--005 **750.00

DOCUMENT # **F00000002553**

1. Corporation Name

SOLETANCHE, INC.

Principal Place of Business

401 EAST JEFFERSON, SUITE 108
ROCKVILLE MD 20850

Mailing Address

401 EAST JEFFERSON, SUITE 108
ROCKVILLE MD 20850

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.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2000

5. FEI Number

13-1954492

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
P	TARRALLE, BERNARD	401 EAST JEFFERSON, SUITE 108	ROCKVILLE MD 20850
V	PROVENCHERE, P. DANIEL	10021 PINES BLVD., SUITE #210	REMBROKE PINES FL 33024
ST	AMALVY, MARC	6 RUE DE WATFORD	NANTERRE, FRANCE 92000
D	BOCQUENTIN, MICHELE	6 RUE DE WATFORD	NANTERRE, FRANCE 92000
ASAT V D/ASAT	HOURNBuckle, LEWIS	401 EAST JEFFERSON, SUITE 108	ROCKVILLE MD 20850

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
FL

Zip Code

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.

Signature of
Registered Agent

Mark J. Dffenbaugh

Asst-Secretary & V President

REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

HOURNBuckle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24 OCT 02 301315 0670

CR2E040 (8/02)