

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F020000004785

1. Corporation Name

Solunet Storage, Inc.

2. Principal Office Address

9800 Mt. Pyramid Court

Suite, Apt. #, etc.

Suite 130

City & State

Englewood, CO

Zip

80112-2694

Country

United States

3. Mailing Office Address

9800 Mt. Pyramid Court

Suite, Apt. #, etc.

Suite 130

City & State

Englewood, CO

Zip

80112-2694

Country

United States

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/02

5. FEI Number

81-0570515

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Hiedi M. Ruch, Asst. Secretary

REGISTERED AGENT MUST SIGN

Date

7/30/04

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
President CEO	John Jenkins	5235 E. Princeton Avenue	Englewood, CO 80113
CFO	Robert Ogden	6042 S. Sheridan Way	Littleton, CO 80123

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)(f), 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:

John Jenkins

8/3/04

(303) 660-3933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #