

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15

FILED
MAR 20 AM 10:08

DOCUMENT # F05000002975

1. Corporation Name

SOLAR SERVICES INC

2. Principal Office Address - No P.O. Box #

15916 ANDERSON MILL ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

15916 ANDERSON MILL ROAD

Suite, Apt. #, etc.

City & State

CEDAR PARK, TEXAS

City & State

CEDAR PARK, TEXAS

Zip

78613

Country

USA

Zip

78613

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
5/13/2005

5. FEI Number

41-2038890

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 BROOKER

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

6301 NORTH 56TH STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33610

700270452217
03/10/15--01025--025 **1993.75

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

Date 3-3-2015

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	MARIO FRANCIOSA	332 JONES ROAD NORTH	STONE CREEK ONTARIO CANADA L8E 5N2
ST	FRANK FRANCIOSA	332 JONES ROAD NORTH	STONE CREEK ONTARIO CANADA L8E 5N2
C	SIDNEY SPIEGEL	332 JONES ROAD NORTH	STONE CREEK ONTARIO CANADA L8E 5N2
V	MARK BROOKER	15916 ANDERSON MILL ROAD	CEDAR PARK TEXAS 78613

10. E-mail Address: MBROOKER@CORESLAB.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-2015

Date

512-250-0755

Daytime Phone #