PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

99 FEB -4 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005128**

1. Corporation Name
**SOLATUBE INTERNATIONAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5825 AVENIDA ENCINAS #101<br>CARLSBAD CA 92008 | 5825 AVENIDA ENCINAS #101<br>CARLSBAD CA 92008 |

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

**REINSTATEMENT** 2-1-99

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

100002769371--1
-02/09/99--01054--001
******8.75 ******8.75

4. Date Incorporated or Qualified To Do Business in Florida 10/20/1995

5. FEI Number 33-0676655 ☐ 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 (Do NOT Use Post Office Box Numbers) | City / State / Zip 4 |
|---|---|---|---|
| ~~DCP~~ DC | RILLIE, DAVID W | 5825 AVENIDA ENCINAS #101 | CARLSBAD CA 92008 |
| ~~DOVS~~ DP | ~~HANLEY, JOHN M~~ Schweibold, Donald | 5825 AVENIDA ENCINAS #101 | CARLSBAD CA 92008 |
| D | DICKSON, GRAHAM L | 5825 AVENIDA ENCINAS #101 | CARLSBAD CA 92008 |
| D | CHIVAS, WAYNE B | 5825 AVENIDA ENCINAS #101 | CARLSBAD CA 92008 |
| T | ~~MCMILLAN, GRAHAM L~~ Domigan, Michael | 5825 AVENIDA ENCINAS #101 | CARLSBAD CA 92008 |
| D | ~~CLARK, JOHN~~ Ordway, Griffin | 5825 AVENIDA ENCINAS #101 | CARLSBAD CA 92008 |

8. Name and Address of Current Registered Agent

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

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-02/09/99--01054--002
***1050.00 ***1050.00

9. Name and Address of New Registered Agent

Name MERCEDES GONZALEZ HALE
% Rudnick & Wolfe
Street Address (P.O. Box Number is Not Acceptable)
101 E. Kennedy Blvd.
Suite, Apt. #, Etc. Ste 2000
City Tampa State FL Zip Code 33602-5133

2-1-99

CR2E040 (8/97)

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.

Signature of Registered Agent Mercedes Hale REGISTERED AGENT MUST SIGN Date 2/3/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: Domigan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 Date (760) 599-7316 Daytime Phone #