

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 30 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005128**

1. Corporation Name

Solatube International, Inc.

F95000005128

200004533972--6

-08/14/01--01054--009

****900.00 ****900.00

2. Principal Office Address

2210 Oak Ridge way

Suite, Apt. #, etc.

3. Mailing Office Address

2210 Oak Ridge way

Suite, Apt. #, etc.

City & State

Vista, CA

City & State

Vista, CA.

Zip

92083

Country

US

Zip

92083

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida **1012011995**

5. FEI Number

330676655

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

Mercedes Gonzalez Hale

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

101 East Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 2000

City

Tampa

State

FL

Zip Code

33602

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

Mercedes Gonzalez Hale

Date

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
DC	David W. Rillie	2210 Oak Ridge way	Vista, CA. 92083
DP	Donald M. Schweibold	2210 Oak Ridge way	Vista, CA. 92083

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)(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:

Donald J. Schweibold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

5-7-01

Date

760-597-4000

Daytime Phone #

CR2E081 (9/00)