

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 PM 12:21

DOCUMENT # **F98000006617**

1. Corporation Name
SOLSTICE CAPITAL GROUP, INC.

Principal Place of Business Mailing Address
10065 SLATER AVENUE STE 110 **10055 SLATER AVENUE STE 110**
FOUNTAIN VALLEY CA 92708 **FOUNTAIN VALLY 92708**



REINSTATEMENT **00**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/04/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		33-0824565	
Country		Country		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
PC	HERMAN, RYAN	212 ORANGE STREET	NEWPORT BEACH CA 92663
VCS	BROWN, DAVID	212 ORANGE STREET	NEWPORT BEACH CA 92663
		836 Manhattan Ave.	Hermosa Beach, CA 90254
		1454 Monterey Blvd.	Hermosa Beach, CA 90254
			900003455509---5 -11/07/00--01091--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FLORIDA COMPLIANCE SPECIALISTS, INC. 1331 E. LAFAYETTE ST., STE. F TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 *David Brown* **SIGNATURE REQUIRED** Date 10/19/00
REGISTERED AGENT MUST SIGN

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: *David Brown* **SIGNATURE REQUIRED** Date 10/13/00 (714) 593-2940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)