

Principal Place of Business

2006 FOR PROFIT CORPORATION REINSTATEMENT

Mailing Address

DOCUMENT # F98000006617



FILED 06 FEB 15 PM 4: 12

SEUNE I ANY OF STATE TALLAHASSEE, FLORIDA

1. Entity Name SOLSTICE CAPITAL GROUP, INC.

10055 SLATER AVENUE STE 110 10055 SLATER AVENUE STE 110 FOUNTAIN VALLY, 92708 FOUNTAIN VALLEY, CA 92708 2. Principal Place of Business Mailing Address 17961 17461 Derian Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (11/03) Applied For City & State City & State 4. FEI Number 92614 Irvine CA wine, 33-0824565 Not Applicable Country ^{Zip} **9261**५ ^{zip}92614 \$8.75 Additional Country 5. Certificate of Status Desired orange 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent orporate Services, In C. ELORIDA.COMPLIANCE.SPECIALISTS..INC. 2331 HANSEN PLACE TALLAHASSEE, FL 32301 Zio Code 32303 Tallahassee 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept edistered agent. the obligations of Delanic Case asst see 13-06 SIGNATURE (NOTE: Registered Agent algorature required when reinstating FILE NOW!!! FEE IS \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change CEO TITLE ☐ Delete TITLE HERMAN, RYAN NAME NAME 425 ORCHID AVE STREET ADDRESS 809 N Shemi Lane STREET ADDRESS CITY-ST-ZIP CORONA DEL MAR, CA 92625 CITY-ST-ZIP ise Valley AZ ☐ Addition TITLE ☐ Delete TITLE BROWN, DAVID NAME NAME 9 Stargazer 27 SALT SPRAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAGUNA NIGUEL, CA 92677 ☐ Change Addition ☐ Delete TITLE TITLE WRIGHT, ROY A NAME NAME STREET ADDRESS 24 AVENTRA CRISTAL STREET ADDRESS

TITLE ☐ Change Delete TITLE 900066217359 02/20/06--01081--012 ***90 NAME NAME **908.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

CITY-ST-ZIP

STREET ADDRESS

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TITI F

NAME

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with the information indicated on the complex for the case of the

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SAN CLEMENTE, CA 92673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(949)463.0335

Change

Addition

☐ Addition