

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 30 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G99892

1. Corporation Name

Solocon Corp.

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

10155 Collins Avenue

Suite, Apt. #, etc.

Apt # 403

City & State

Bal Harbour, Florida

Zip

33154

Country

USA

3. Mailing Office Address

P. O. Box 546890

Suite, Apt. #, etc.

City & State

Surfside, Florida

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/27/1984

5. FEI Number
59-2400634

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

Philip R. Consolo, Jr.

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

19955 NE 38 Ct

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Philip R. Consolo

Date December 12, 2008

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	Philip Robert Consolo	10155 Collins Avenue, Apt 403	Bal Harbour, FL 33154
ST	Philip Robert Consolo, Jr.	19955 NE 38 Ct	Aventura, FL 33180
VP	Carole Saland	2370 Arch Creek Dr	North Miami, FL 33181
VP	Diane Webb	27 Temple St	Duxbury, MA 02332

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 contained in Chapter 119, 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:

Philip R. Consolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Robert Consolo

December 12, 2008

Date

Daytime Phone #