PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -3 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G99892

1. Corporation Name

SOLOCON CORP.

Principal Place of Business	Mailing Address
25 SE 2ND AVENUE SUITE 1022 MIAMI FL 33131 US	P.O. BOX 546890 SURFSIDE FL 33154 US

REINSTATEMENT 02

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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. 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
DP	CONSOLO, PHILIP ROBERT	25 SE 2ND AVE #1022	MIAMI FL
ST	CONSOLO, CELIA	25 SE 2ND AVE STE 1022	MIAMI FL

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11/25/02--01086--016 **750.00

8. Name and Address of Current Registered Agent

~~MARINI, RONALD A~~
~~25 BISCAYNE BLVD~~
~~SUITE 3500~~
~~MIAMI FL 33131~~

9. Name and Address of New Registered Agent

Name: Philip ROBERT Consolo
Street Address (P.O. Box Number is Not Acceptable): 16155 Collins AVE
Suite, Apt. #, Etc: #403
City: BAL HARBOUR
State: FL
Zip Code: 33154

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. or 617.0505, F.S.

Signature of Registered Agent: X Philip R. Consolo — REGISTERED AGENT MUST SIGN
Date: 11/20/02

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: X Philip R. Consolo President 11/20/02 305-861-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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