	DUEACE	E DEAD AI	H INOT		NO DEEODE C	OMDI ETI	NG THIS EO	 DM	
APPLICATION FOR REINSTATEMENT			FLORIDA S		MENT OF STATE Mortham of State	COMPLETING THIS FORM. FILED 98 MAY -1, AM 9: 18			
DOCUMENT # K87411 1. Capporation Name SOLSAN, CORP.						1			•
Principal Place of Business ** BENITO J. SANCHEZ 214 W 20 ST HIALEAH FL 33010			Mailing Address * BENITO J. SANCHEZ 214 W 20 ST HIALEAH FL 33010						
	ddresses are incorrect in ar ncipal Office Address, if Ap #, etc.	plicable	•	ng Office Addres			orated or Qualified less in Florida	05/09/1989 Applied For	7
City & State	Country		City & State Zip	Co	ountry	6. CERTIFICATE	65-0119317 F OF STATUS DESIRED (Not Applicable \$8.75 Additional Fee require tor a Certificate of Status.	
7. Names	Names and Street Addresses of Each Officer and/or Director (Name of Officers and/or Directors 2				rporations must list at lea Street Address of Each Officer and/or Director Of Use Post Office Box N				-
D	SOLIS, HECTOR F.			840 TANGIER ST		CORAL GABLES FL			
D	SANCHEZ, BENITO J.			214 W 20 ST			HIALEAH FL		
· ·				DEIN	CTATEM	ICNT	900025 -05/12/9 ****900		
				KEIN	SIAIEM	5-5-8			
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
SANCHEZ, BENITO J. 214 W 20 ST HIALEAH FL 83010				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc., .					CR2E040 (84
10. I, being Signature of Registered		gent of the above	named color	ration, am tamf	City iar with and accept the o	bligations of Secti		State Zip Code FL 30 ~ 98	
	is corporation ov angible Persona				year Yes	No 🗆		ther side for information on intangible tax.)	
this rein owed by	istatement application, the r y the corporation have been application is true and accur	eason for dissolute paid and the narrate, and my signs	tion has been nes of Individu ature shall hav	eliminated, the c uals listed on thi	corporate name satisfies is form do not qualify for all effect as if made under	the requirements an exemption und roath.	of section 607.0401 o der section 119.07(3)(i	further certify that when filing r 617.0401, F.S., that all fees), F.S. The information indicated	