

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 AM 10:32

DOCUMENT # L01000011294

1. Limited Liability Company's Name

Solarity, L.L.C.

CR2E041 (8/05)

2. Principal Office Address

7014 Sugar Magnolia Circle

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples

City & State

Zip

34109

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/11/2001

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Martin Lawton

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

7014 Sugar Magnolia Circle

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 7-12-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	Martin Lawton	7014 Sugar Magnolia Circle	Naples, FL 34109
MGR	Michael Stephen	374 South Golf Dr	Naples, FL 34102
MGR	Timothy Cabral	692 Pine Ct	Naples, FL 34102

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REINSTATEMENT 02-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 7-12-06

Daytime Phone # 239-250-3092

Typed or printed name of signing Managing Member/Manager

Martin Lawton