

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000020955**

1. Limited Liability Company's Name

SOLNEX DESIGN SERVICES, LLC

300031290273
03/26/04--01088--007 **\$50.00

2. Principal Office Address

1000 CLINT MOORE RD

Suite, Apt. #, etc.

STE 201

City & State

BOCA RATON, FL

Zip

33487

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11-30-2001

6. FEI Number

13-4201912

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

BRUCE GITTILIN

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

1000 CLINT MOORE ROAD

Suite, Apt. #, Etc.

STE 201

City

BOCA RATON

State

FL

Zip Code

33487

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

[Signature]

Date

3/11/04

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
MGR	BRUCE GITTILIN	1000 CLINT MOORE RD STE 201	BOCA RATON, FLORIDA 33487

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

[Signature]

Date

3/11/04

Daytime Phone #

561-241-1999

Typed or printed name of signing Managing Member/Manager

BRUCE GITTILIN

CR2E041 (10/02)