

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 16 AM 8:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200159889082
08/24/09--01062--006 **416.25

CR2E041 (10/08)

DOCUMENT # L06000042138

1. Limited Liability Company's Name

SOLVERA LLC

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

8 W. YALE STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32804

Country

USA

3. Mailing Office Address

8 W. YALE STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32804

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida **4/18/2006**

6. FEI Number

20-4750084

☐ 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

GARY WOODARD

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

861 E. TIMBERLAND TRAIL

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

☒ A \$100 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 \$100
reinstatement be waived.

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

Gary Woodard

Date **8/19/2009**

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	AMY WOODARD	8 W. YALE STREET	ORLANDO, FL 32804
	L. SELLERS		
	OCT 19 2009		
	EXAMINER	REINSTATEMENT	07-09

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

Amy Woodard

Date **8/19/2009**

Daytime Phone # **407-408-7348**

Typed or printed name of signing Managing Member/Manager **AMY WOODARD**