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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 PM 3:55

1. **DOCUMENT #** M02000000916

Name and Mailing Address

0015193 01 MB 0,309 **AUTO T7 0 0615 01945-385915



SOLUS GROUP, LLC
15 KIMBALL STREET
MARBLEHEAD MA 01945-3859

300024380803
11/03/03--01065--015 **155.00



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/09/2002	
Principal Place of Business 15 KIMBALL STREET MARBLEHEAD MA 01945	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent PETER F. SOUZA ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date 10/30/03			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Jeffrey M. Gault	15 Kimball Street	Marblehead, MA 01945

REINSTATEMENT

03 days
due

12. 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

REQUIRED

Date **12/2/03** Daytime Phone # **909-219-6386**

Typed or printed name of signing Managing Member/Manager

Jeffrey M. Gault

CR2E034 (7/03)