PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 FEB 22 PM 12:39

SEC.

400309592704

CR2E041 (1/14)

DOCUMENT # M15000008147

1. Limited Liability Company's Name
Solair Group, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
10421 SW 187th Terrace		10421 SW 187th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33157	USA	33157	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
10/09/2015

6. FEI Number
47-5074971
☒ 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
C T Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

D DUNLAP

FEB 22 2018

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Michael Jones, Assistant Secretary Date 02/08/2018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	Solair Holdings, LLC	8115 Preston Road, Suite 660	Dallas / Texas / 75225
CEO	Todd Dauphinais	10421 SW 187th Terrace	Miami / Florida / 33157
P	Wesley Yale	10421 SW 187th Terrace	Miami / Florida / 33157
SVPS	Stephen Etter	10421 SW 187th Terrace	Miami / Florida / 33157
VPS	Sam Snyder	10421 SW 187th Terrace	Miami / Florida / 33157

11. E-mail Address: tdauphinais@claviscp.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 2/7/18 Daytime Phone # 214-812-9199

Typed or printed name of signing Authorized Representative/Manager Todd Dauphinais, Chief Executive Officer

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 2/22/2018

Acc#I20160000072

Name:	SOLAIR GROUP, LLC
Document #:	M15000008147
Order #:	10850428

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing:

Certified:

Plain:

COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 546.25

Reinstatement $516.25
Cert Copy $30

Thank you!