

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 27 PM 2:02

DOCUMENT # N 060 000 11986

1. Corporation Name

Solutions NP, Inc

W1-34304

900183716919
07/27/10--01038--001 **52.50

KS

REINSTATEMENT

08-10

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

1765 E. Nine Mile Rd

3. Mailing Office Address

1765 E. Nine Mile Rd

Suite, Apt. #, etc.

#356

Suite, Apt. #, etc.

#356

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32514

Country

USA

Zip

32514

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

11/17/2006

5. FEI Number

75 - 3225876

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul Gregg

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

1765 E. Nine Mile Rd

Suite, Apt. #, Etc.

#356

City

Pensacola

State

FL

Zip Code

32514

07/21/10 01027.003
\$306.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 7/26/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Gregg, Paul C	1765 E. Nine Mile Rd #356	Pensacola FL 32514
D	Foster, John K	1765 E. Nine Mile Rd #356	Pensacola FL 32514
D	Lambert, Kevin M	1765 E. Nine Mile Rd #356	Pensacola FL 32514

10. E-mail Address: pcgreggj@hotmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

PAUL C GREGG

7/26/2010

361-649-0165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #