

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN -3 AM 11:47

**DOCUMENT # P0000060792**

1. Corporation Name

Soleo Inc.

2. Principal Office Address

10850 SW 113th Place

3. Mailing Office Address

10850 SW 113th Place

Suite, Apt. #, etc.

Suite 215

Suite, Apt. #, etc.

Suite 215

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

400010133134  
01/15/03--01066--008 \*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

22 June 00

5. FEI Number

65-1018556

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

Lindo J. Rodriguez

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

8553 SW 163rd Court

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33193

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

REGISTERED AGENT MUST SIGN

Date 1/02/03

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/CEO	Lindo J. Rodriguez	8553 SW 163rd Court	Miami, FL 33193
V/CFO	Suzanne Prado-Rodriguez	8553 SW 163rd Court	Miami, FL 33193

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

Lindo J. Rodriguez / P/CEO

1/02/03

(786) 488-6883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (9/01)



10850 SW 113<sup>th</sup> Place  
Suite 215  
Miami, Fl 33176  
Phone (305) 271 - 5564  
Fax (305) 271 - 5581

January 2, 2003

Department of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Re: **CORPORATION REINSTATEMENT**

To whom it may concern,

This is to inform you that we did not receive the Uniform Business Report for the following years 2001 and 2002 because the business address was incorrect. After speaking with an examiner, (Kathy), she notified us that the reports were sent back to your office by the post office. She also stated that we are required to file a Corporation Reinstatement along with a fee of \$450.00 and that we were covered for 2003 filing.

Sincerely,

Lindo J. Rodriguez  
President/ C.E.O.