

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

192

DOCUMENT # P00000087872

1. Corporation Name

SOLUTION DESIGN LIMITED, INC.

FILED

01 NOV -5 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3204 HOPI PLACE
JACKSONVILLE FL 32259

Mailing Address

3204 HOPI PLACE
JACKSONVILLE FL 32259



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/2000

5. FEI Number

59-367207

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DVT	TONKINSON, MIKE	3204 HOPI PLACE	JACKSONVILLE FL 32259
DPS	TONKINSON, SUZANNE	3204 HOPI PLACE	JACKSONVILLE FL 32259
			000004698370--6
			-11/29/01--01050--016
			****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

TONKINSON, MIKE
3204 HOPI PLACE
JACKSONVILLE FL 32259

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Mike K. Tonkinson

Date 10-31-01

REGISTERED AGENT MUST SIGN

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 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:

Mike K. Tonkinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-01

Daytime Phone #

CR2E040 (8/01)

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October 31, 2001

Department of State
Division of corporations
PO Box 6327
Tallahassee FL 32314

Dear Sirs:

This letter is regarding the Uniform Business Report for Solution Design Limited, Inc. We recently received your enclosed notice stating that our corporation was being dissolved. This is the first Uniform Business Report notice that we have received this year. This is the first year our company was responsible to file this report and we were unaware that such a report needed to be done. We did not receive any prior notices regarding this form or we certainly would have paid in a timely manner. We are enclosing our check for \$150.00 and asking that you would remove the additional charges since other notices you may have sent were never received. Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike K. Tonkinson", written over a horizontal line.

Mike Tonkinson, Director