

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000104241

1. Corporation Name

INVERSOL, inc.

600021378466
07/08/03--01021--010 **1050.00

01-03

2. Principal Office Address

2655 LeJeune Rd.

3. Mailing Office Address

2655 LeJeune Rd.

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

403

City & State

CORAL GABLES FLA.

City & State

CORAL GABLES FLA.

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/7/2000

5. FEI Number

65-1056568

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

Jaime Eastano

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

2655 LeJeune Rd.

Suite, Apt. #, Etc.

403

City

CORAL GABLES FLA.

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-6-2003

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	Jaime Eastano	2655 LeJeune Rd. SUITE 403	CORAL GABLES FLA 33134

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/03

Date

Daytime Phone #

305-300-6006

CR2E081 (10/02)