1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 DEC 20 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108364

1. Corporation Name
SOLSUN CORP.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
2620 SW 16th Street	2620 SW 16th Street
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. 4
City & State MIAMI FL	City & State MIAMI FL
Zip 33145 Country USA	Zip 33145 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/21/2000

5. FEI Number 65-1057431 ☐ 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: JORGE L. HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 2620 SW 16th Street

Suite, Apt. #, Etc.: 4

City: MIAMI State: FL Zip Code: 33145

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: 12-17-02

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	JORGE L. HERNANDEZ	2620 SW 16th Street	Miami FL. 33145
V/D	MARIO C. RODRIGUEZ	3046 NW 18th Street	Miami FL 33125

I certify that I am an officer or director of 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 in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

NATURE: _____

JORGE L. HERNANDEZ 12-17-02 (305) 860-0856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

SOLSUN CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00