

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

03 JAN -3 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000012641

1. Corporation Name

SOLO ON THE BAY, INC.

2. Principal Office Address

10880 COLLINS AVE.

3. Mailing Office Address

10880 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1089087

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

HAROLD L. BENJAMIN

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

6249, PINES BLVD.

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State
FL

Zip Code

33024

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]

Date 12-27-02

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
<u>P</u>	<u>WAHEED MICHAEL</u>	<u>7347 MIAMI LAKES DRIVE</u>	<u>MIAMI LAKES, FL 33014</u>
<u>VP</u>	<u>NAVILA NASAHIV</u>	<u>7347 MIAMI LAKES DRIVE</u>	<u>MIAMI LAKES, FL 33014</u>
<u>SEC</u>	<u>ELYSE CANAS</u>	<u>21570 PLUM ROAD</u>	<u>BOCA RATON, FL 33433</u>
<u>TREA</u>	<u>TITO CANAS</u>	<u>21570 PLUM ROAD</u>	<u>BOCA RATON, FL 33433</u>

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:

✓ Tito CANAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-27-02

Daytime Phone #

305-945-8884

CR2E081 (9/01)