

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 21 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF
Secretary of State
DIVISION OF CORPORATION

DOCUMENT # **PO1000029134**

1. Corporation Name **SOLARAS LANDSCAPE INC**

2. Principal Office Address

5060 76 AVE N.

Suite, Apt. #, etc.

112

City & State

PINELLAS PARK

Zip

33781

Country

PINELLAS

3. Mailing Office Address

P.O. Box 2043

Suite, Apt. #, etc.

City & State

PINELLAS PARK

Zip

33780

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/01

5. FEI Number

59-3709793

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

**JOHN R
JACK SCHAUB**

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

4930 PARK BLVD N. 86 9

Suite, Apt. #, Etc.

300012875793

02/21/03--01016--001 **300.00

City

PINELLAS PARK

State

FL

Zip Code

33781

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

John R Schaub

REGISTERED AGENT MUST SIGN

Date **2/18/03**

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	KURT BEALS	5060 76 AVE N APT 112	PINELLAS PARK FL 33781

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

2/18/03 (727)
Date Daytime Phone # **459 7004**

CR2E081 (10/02)

Solaras Landscape Inc
P.O. Box 2043
Pinellas Park, FL 33780-2043

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

February 18, 2003

This letter is written to explain that I did not know of nor receive a "Uniform Business Report" last year or this year.

I started my company "Solaras Landscape Inc" April 2001 and never knew about this report because I never received one. I would like to pay last year and this year, which was explained by a representative of your office and my business CPA.

Sincerely,



Kurt Beals