

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:00

DOCUMENT # PD1000108475

1. Corporation Name

Solutions Enterprise of
America INC.

400024968634
11/24/03--01028--010 **300.00

REINSTATEMENT 02-03

2. Principal Office Address

11199 POLO CLUB RD.

Suite, Apt. #, etc.

Suite A

City & State

Wellington FL

3. Mailing Office Address

same.

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

11-7-2001

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

33414

Country

PAUM BACH

Zip

Country

7. Name and Address of Current Registered Agent

Name

Richard M. INCANDELA

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

17148 GULF PINC CIRCLE.

Suite, Apt. #, Etc.

City

Wellington, FL

State
FL

Zip Code
33414

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

11-14-03

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
President	Richard Incandela	17148 GULF PINC CIRCLE	Wellington, FL 33414

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

Date

11-14-03

Daytime Phone #

561
753-0801

CR2001 (10/02)

2072

Dear State of Florida

Please except our payment of
300.00 for our Reinstatement.

We moved and DID NOT Receive
our VBR Notice for 2003

Thank You.

Richard INCHOLTA
Solutions Enterprise of America
11199 Polo Club RD
Suite A
Wellington, FL 33414