

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015612

1. Corporation Name

SOLID PLATINUM, INC.

2. Principal Office Address

152 8<sup>th</sup> AVE SW

Suite, Apt. #, etc.

SUITE 2A

City & State

LARGO, FL

Zip

33770

Country

USA

3. Mailing Office Address

152 8<sup>th</sup> AVE SW

Suite, Apt. #, etc.

SUITE 2A

City & State

LARGO, FL

Zip

33770

Country

USA

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

FEB. 6, 2002

5. FEI Number

03-0391281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

B. HICKS

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

152 8<sup>th</sup> AVE SW

Suite, Apt. #, Etc.

SUITE 2A

City

LARGO, FL 33770

State

FL

Zip Code

33770

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 10-23-03

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
①	ANDREW MASCHERINO	4015 52ND AVE. N.	ST. PETERSBURG, FL 33714

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

10-23-03

Date

727/466-6688

Daytime Phone #

CR2E081 (10/02)

Solid Platinum, Inc.  
152 8<sup>th</sup> Avenue SW  
Suite 2 A  
Largo, FL 33770  
727/ 504-6666

October 23, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Waiver of Reinstatement Fee (Penalties)  
Document # P02000015612

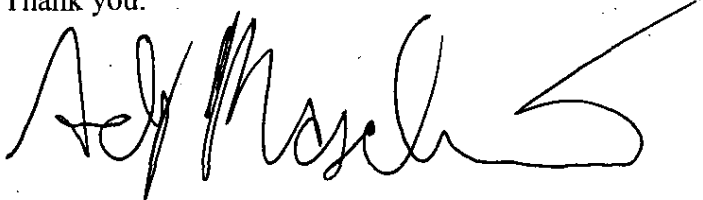
Dear Sir or Madam

On July 10, 2003, the corporate name was changed from Evergreen Lawn & Property Care, Inc. to **Solid Platinum, Inc.**

The annual report was mailed to a former address 301 N. Belcher Ave., Largo, FL and was returned to the Division of Corps. A second notice was not sent. However, the corporation continues to do business and pays Florida Unemployment Compensation Fund Taxes and Federal Taxes.

I am requesting that my corporation be reinstated without penalty. A check for \$150 is enclosed. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Mascherino", with a long horizontal flourish extending to the right.

Andrew Mascherino  
Director

AM/bps