

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 25 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000034373**

1. Corporation Name

SOLAR TECHNOLOGY SYSTEMS, INC
PO2000034373

2. Principal Office Address

2330 POLK STREET

Suite, Apt. #, etc.

SUITE 6

City & State

HOLLYWOOD, FLORIDA

Zip

33020

Country

USA

3. Mailing Office Address

P.O. BOX 6465

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

Zip

33310

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03-22-2002

5. FEI Number

02-0581847

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

KOLAWOLE ADEBAYO

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

2330 POLK STREET

Suite, Apt. #, Etc.

SUITE 6

City

HOLLYWOOD

State

FL

Zip Code

33020

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 **08-20-04**

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/V/D	KOLAWOLE ADEBAYO	2330 POLK STREET, SUITE 6	HOLLYWOOD, FL 33020
S/D	LAURALYN DENNIS	2330 POLK STREET, SUITE 6	HOLLYWOOD, FL 33020

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] **KOLAWOLE ADEBAYO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-20-04

Date

9542422898

Daytime Phone #

CR2E081 (01/04)



PS 282

SOLAR TECHNOLOGY SYSTEMS, INC.

(When the light goes out, ours stays on)

August 20, 2004

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

Dear Sirs,

To whom it may concern

We hereby implore you to please waive the late payment fees of \$600.00 for our reinstatement because we never received any notice from the corporation. (2003)
Attached herewith is the check for \$300.00 for the due fees.

Thanking you for your understanding.

Regards,

Kolawole Adebayo (President)
Solar Technology Systems, Inc