PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 17 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600036520096
05/17/04--01068--023 **8.75

600036520096
05/17/04--01068--022 **300.00

REINSTATEMENT 03-04

DOCUMENT # P02 0000 83248

1. Corporation Name
SOLMARK, INC

2. Principal Office Address	3. Mailing Office Address
2625 PONCE DE LEON	SAME
Suite, Apt. #, etc.: 285	Suite, Apt. #, etc.:
City & State: CORAL GABLES, FL	City & State:
Zip: 33134 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 7/31/02

5. FEI Number: 02-06-402644 ☐ 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: LOUIS M. HILLMAN. WALLER
Street Address (P.O. Box Number is Not Acceptable): 3006 AVIATION AVE
Suite, Apt. #, Etc.: PENTHOUSE 4-C
City: COCONUT GROVE State: FL Zip Code: 33133

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: 5/14/04

CR2E081 (9/01)

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
PRES	ARTURO VILLAR	2625 PONCE # 285	CORAL GABLES FL 33134

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] 5/14/04 305.448-5838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2.8.2

SOLMARK, INC.
2625 Ponce de Leon, Suite 285
Coral Gables, FL 33134
Ph 305 448-5838 Fx: 305 448-6573

May 14, 2004

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

RE: P02000083248
Solmark, Inc.

We have been informed that our corporation was dissolved on September 19, 2003. I am enclosing a reinstatement form with a check for $300, based on instructions I received from one of your representatives on the phone this morning. .

Our corporation, Solmark, Inc., started operations on March 1, 2003 and, having changed our address from 509 Aragon Ave, Coral Gables, FL 33134 to our current address, we never received the 2003 Uniform Business Report.

I am also enclosing a separate check for $8.75 to request a certificate of status to be mailed to our corporate address. . .

Sincerely,

Arturo Villar
President
avillar@hmwonline.com