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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 NOV -8 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000093324

1. Corporation Name

SOL ACCESS INTERNATIONAL, INC

2. Principal Office Address - No P.O. Box #

2801 NE 183 STREET

Suite, Apt. #, etc.

SUITE 1209

City & State

AVENTURA FL

Zip

33160

Country

3. Mailing Office Address

2801 NE 183 STREET

Suite, Apt. #, etc.

SUITE 1209

City & State

AVENTURA FL

Zip

33160

Country

REINSTATEMENT

CR2E081 (1/07)

04-07

4. Date Incorporated or Qualified  
To Do Business in Florida

8/28/2002

5. FEI Number

52 23 748 17

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

OSWALDO M. MARE

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

2801 NE 183 STREET

Suite, Apt. #, Etc.

1209

City

AVENTURA

State

FL

Zip Code

33160

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

X. *Oswaldo Mare*  
REGISTERED AGENT MUST SIGN

Date 11/05/07

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	OSWALDO M. MARE	2801 NE 183 STREET	AVENTURA FL 33160
VP	CARINA M. PEREZ	2801 NE 183 STREET	AVENTURA FL 33160

700112133637  
11/08/07--01063--012 \*\*600.00

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 contained in Chapter 119, 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:

X. *Oswaldo Mare*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/05/07

Daytime Phone #

11/13/07

2182

FICPA MEMBER

**MFR & Associates**

AICPA MEMBER

**Accountants & Consultants**

300 71<sup>st</sup> Street Suite 505

Miami Beach, FL 33141

Off (305) 864-7706

Fax (305) 864-7960

December 8, 2007

FL Dept. of State  
Fl. Div. Of Corp.

RE: **SOL ACCESS INTERNATIONAL INC**  
Doc # P02000093324

Dear Sir or Madam:

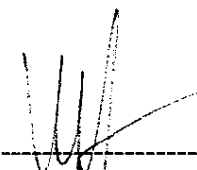
I am writing to you on behalf of **SOL ACCESS INTERNATIONAL INC** to request a waiver of penalties associated with the reinstatement of this corporation.

This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form, we obtained from the internet and a check for \$600.00 for the year 2004,2005,2006 AND 2007. The company has made a good faith effort to meet the state's Filing requirements.

I thank you in advance for your help,

Sincerely,

  
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Manuel Fernandez, PA  
MFR & Associates