

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 19 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **202000093379**

1. Corporation Name  
**SOI/A SCREENING INC**

2. Principal Office Address  
**5401 FULMAR DR.**

Suite, Apt. #, etc.

City & State  
**TAMPA, FL**

Zip Country  
**33625 USA**

3. Mailing Office Address  
**5401 FULMAR DR.**

Suite, Apt. #, etc.

City & State  
**TAMPA, FL**

Zip Country  
**33625 USA**

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida **8/27/02**

5. FEI Number  
**55-0794089**

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

**STEVE SOI/A**

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

**5401 FULMAR DR**

Suite, Apt. #, Etc.

City

**TAMPA**

State  
**FL**

Zip Code

**33625**

**688842985826**  
**11/19/04--01054--020 \*\*30.00**

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

**11/17/04**

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
P	STEVE SOI/A	5401 FULMAR DR TAMPA FL 33625	TAMPA FL 33625
VP	JEFF FRYDREAR	5401 FULMAR DR	TAMPA FL 33625
S.	JAVIN PEREZ	8915 OREN AVE	TAMPA FL 33614

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

**11/17/04 8B-477-1714**

Daytime Phone #

CR2E081 (01/04)

**Solla Screening Inc.**  
**5401 Fulmar Dr**  
**Tampa, Fl 33625**  
**813-477-1714**

11/12/04

Florida Department of State  
Division of Corporations  
Corporation Reinstatement  
PO Box 6327  
Tallahassee, Fl 32314

To Whom It May Concern:

Recently I have been informed that my Florida Corporation needs to be reinstated. This information was provided to me by the Workers Compensation office. I was unaware of any requirements to file an annual report and never received anything to fill out and mail back. Because of this I would like to request a waiver of the Reinstatement fees and have included payment of \$300.00 for the two missing annual reports.

Thank you,



Steve Solla