

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000003908

1. Entity Name
SOLUTION REALTY GROUP, INC.



FILED

06 JUN 20 11 9:53

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
9350 SW 72ND STREET
151
MIAMI, FL 33173

Mailing Address
9350 SW 72ND STREET
151
MIAMI, FL 33173

2. Principal Place of Business
5767 NW 151 ST.

3. Mailing Address
7144 SW 151 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Lakes

City & State
Miami FL

Zip
33014 Country
USA

Zip
33193 Country
USA



4. FEI Number
54-2092662

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTA MARIA, RENE I
9350 SW 72ND STREET, #151
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33193

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *René I. Santa Maria*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/19/06
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SANTA MARIA, RENE I
9350 SW 72ND STREET, #151
MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
RENE I. SANTA MARIA ☐ Change ☐ Addition
7144 SW 151 CT. MIAMI FL 33193

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *René I. Santa Maria*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/06
Date

Daytime Phone #