

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000032956

1. Corporation Name

ADVANTA SOLARIS INC

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

934 N. UNIVERSITY DR.

3. Mailing Office Address

5901 NW 71 AV

Suite, Apt. #, etc.

#426

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

TAMARAC, FL

Zip

33071

Country

BROWARD

Zip

33321

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

KARIN PAUL

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

5901 NW 71 AV

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

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

K Paul

REGISTERED AGENT MUST SIGN

Date **6/4/2008**

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,T,S	KARIN PAUL	5901 NW 71 AV	TAMARAC, FL 33321

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:

K Paul

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/2008

Date

754-281-5855

Daytime Phone #

FILED

08 JUN -9 AM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900131069699
06/03/08--01054--030 ***458.75

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/2003

5. FEI Number

651195735

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.