10/28/04 01035 012 *150.00

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000120922

1. Entity Name
SOLANO FINISHER CORPORATION

FILED
04 NOV 15 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2123 TAFT ST HOLLYWOOD, FL 33020	2123 TAFT ST HOLLYWOOD, FL 33020

11092004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0346461 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOLANO, PEDRO A 2123 TAFT ST HOLLYWOOD, FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 04 City FL Zip Code

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 ______ 11/10/04
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOLANO, PERDO A		NAME	
STREET ADDRESS	2123 TAFT ST		STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOLANO, OSCAR		NAME	
STREET ADDRESS	2123 TAFT ST		STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______ 11/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SOLANO FINISHER CORPORATION
2123 TAFT ST
HOLLYWOOD, FL 33020

November 10, 2004

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: SOLANO FINISHER CORPORATION
DOCUMENT#: P03000120922

Dear Ms. Dunlap:

As per our conversation yesterday please be advised that the above-mentioned corporation never received correspondence dated May 20, 2004 requesting making corrections on the form.

Therefore, we are requesting that the delinquent fees be waived and that the corporation allowed to be reinstated, the fee of $150.00 was mailed on October 25th, 2004.

Please advise.

Your cooperation is appreciated.

Sincerely,

Pedro Solano

PS/re