

2004 FOR PROFIT CORPORATION REINSTATEMENT

10/28/04 01035 012 * 150.00

DOCUMENT # P03000120922

1. Entity Name
SOLANO FINISHER CORPORATION



FILED

04 NOV 15 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2123 TAFT ST
HOLLYWOOD, FL 33020**

Mailing Address
**2123 TAFT ST
HOLLYWOOD, FL 33020**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



11092004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent
**SOLANO, PEDRO A
2123 TAFT ST
HOLLYWOOD, FL 33020**

4. FEI Number
20-0346461

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
REINSTATEMENT 04
City **FL** Zip Code **MRS**

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 **RAS** (NOTE: Registered Agent signature required when reinstating) DATE **11/10/04**

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 NAME STREET ADDRESS CITY-ST-ZIP	D SOLANO, PERDO A 2123 TAFT ST HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLANO, OSCAR 2123 TAFT ST HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: **RAS** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **11/10/04** Daytime Phone #

202

**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:

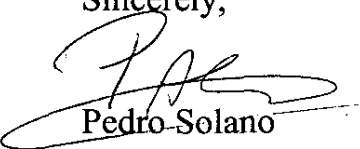
As per our conversation yesterday please be advised that the above-mentioned corporation never received correspondence dated May 20, 2004 requesting making corrections on the form.

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