## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State 🗝⁵		FILED 10 JAN-7 AM 9: 34
DOCUMENT # PO3000	144020		İ	an ac crate
			i	SECRETARY OF STATE TALLAMASSEE, FLORIDA
Soloyano Auto Senices				THE LAMPS SEE, 1 CO.
w09-55996			<b>400163976774</b> 12/28/0901034002 **150.00	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address		İ	
5615 SW & St.	56155W 8	8 St.	<u>l</u>	CR2E081 (11/09)
Suite, Apt. #, etc.	Suite, Apt. #, etc		Date Incorporated or Qualified	
				orated or Qualified ness in Florida  /2-03-2003
City & State  FO			5. FEI Number Applied For	
Miane, Fl	Miaui, Fx	<u>e</u>	90012	P.7 436 Not Applicable
33134 Country USA	33 13 4	Country	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address o	of Current Registered Agent			
Name Tulio Solonjai	(2.D			instatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable			circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not	
1225 5W.6 St. #3	3			
Suite, Apt. #, Etc.			received and requesting the reinstatement fee be waived.	
City Mcaur State Zip Code 33/35				
8. I, being appointed the registered agent of the appointed.			nligations of section	on 607 0505 or 617.0503. F.S
Signature of	moins	)	Angustonia _	
Registered Agent	REGISTERED AGENT MUST	<u>)</u>	<del></del>	Date 12-23-2009
* REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Percet Address of Each  Percet Address of Each				
Titles Name of Officers and/or Directors	š	Street Address of Each Officer and/or Director		City / State / Zip
P Julio Solonja	P Julio Soloyano 1225 5W 6St #:			Miam', Fl 33135
				,
				01 <b>/1999-1673-758</b> 77 <b>-7</b> 458.7
REINSTA	<b>TEMEN</b> I	3		
RM				
A Es a				
			·	
10. E-mail Address: 5 olor our auto services @ yohoo, com				
(To be used to future annual report notification).  11. 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, further certify, the inform <del>ention</del> indicated on this application is true and accurate, and my signature shall have the same legal effect as if				
SIGNATURE: 12-23-2009 (3ar) 262-3272				