


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

DOCUMENT # P03000157515

1. Corporation Name

Barona & Solarte Corp.

2. Principal Office Address

8518 Woodhurst Dr

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

U.S.A

3. Mailing Office Address

8518 Woodhurst Dr

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

U.S.A

**REINSTATEMENT**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

920189730

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Diego Barona

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

8518 Woodhurst Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5-30-06

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	Diego Barona	8518 Woodhurst Dr	Tampa, FL 33615
VP	Reinaldo Solar-te	8222 Vasser Cir	Tampa, FL 33634

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:

Diego Barona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/06 8133025059

Date

Daytime Phone #