


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
 06 AUG 14 AM 8:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P04000010247

1. Entity Name
SOLDE INC.



Principal Place of Business
**8550 W. CHARLESTONE BLVD. STE #102-105
 LAS VEGAS, NV 89117**

Mailing Address
**8550 W. CHARLESTONE BLVD. STE #102-105
 LAS VEGAS, NV 89117**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
102 Grandlea Cres.
 Suite, Apt. #, etc.

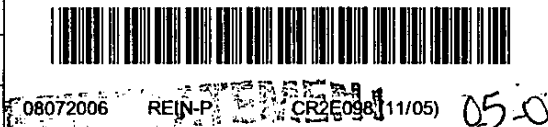
City & State
Markham, ON

Zip
L3S 4A3

Country
Canada

6. Name and Address of Current Registered Agent

**SUKHASAM, NIK
 6398 17TH AVENUE NORTH
 ST. PETERSBURG, FL 33710**



4. FEI Number 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)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LALLA, MICHAEL		NAME	
STREET ADDRESS 8550 W. CHARLESTONE BLVD. STE #102-105		STREET ADDRESS	600078764486
CITY-ST-ZIP LAS VEGAS, NV 89117		CITY-ST-ZIP	08/16/06--01024--015 **208.75
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LALLA, RITA		NAME	
STREET ADDRESS 8550 W. CHARLESTONE BLVD. STE #102-105		STREET ADDRESS	
CITY-ST-ZIP LAS VEGAS, NV 89117		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: *Rita Lalla* **Rita Lalla**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 7th, 2006 **(905)471-6530**
Date Daytime Phone #