

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000010247

1. Entity Name
SOLDE INC.



FILED

06 AUG 14 AM 8:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

3. Mailing Address

102 Grandlea Cres.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



08072006

REIN-P

CR2E09811/05

05-06

City & State

City & State

Markham, ON

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

L3S 4A3

Country

Canada

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete
NAME LALLA, MICHAEL
STREET ADDRESS 8550 W. CHARLESTONE BLVD. STE #102-105
CITY-ST-ZIP LAS VEGAS, NV 89117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600078764486
08/16/06--01024--015 **308.75

TITLE VP ☐ Delete
NAME LALLA, RITA
STREET ADDRESS 8550 W. CHARLESTONE BLVD. STE #102-105
CITY-ST-ZIP LAS VEGAS, NV 89117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

B. Mitchell AUG 15 2006