PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State pivision of corporations	F11.F.D 06 OCT 24 AH 9: 48
DOCUMENT # P04000100228 1. Corporation Name		SEUME LIT LE STATE TALLAHASSEE, FLORIDA
SOLARIS 2101 - 06/04	4 CORP.	
2. Principal Office Address 2600 DOUGLAS RD.	3. Mailing Office Address 2600 DOUGLAS RD.	REINSTATEMENT CONTRACTOR
Suite, Apt. #, etc.	Suite, Apt. #, etc.	M V
SUITE 1100	SUITE 1100	4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number Applied For
CORAL GABLES, FL	CORAL GABLES, FL	20-1316825 Not Applicable
Zip Country 33134	33134 Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
JORGE L. GURIAN		
Street Address (P.O. Box Number is Not Acceptable)		
2600 DOUGLAS RD.		
Suite, Apt. #, Etc. STE • 1100		
City CORAL GABLES		State Zip Code FL 33134
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 REGISTERED AGENT MUST SIGN		Date
	/or Director (Florida nonprofit corporations must list at lea	and 2 discreton)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	Ch. (Ch.) [7]
P/S JOSE ELIAS ALV.	AREZ 2600 Douglas Rd. Ste. 1100	Coral Gables, FL
		200081160872 10/24/0601049010 **300.00
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 filling 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: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone # 4,000		

Jorge L. Gurian, P.A.

2/2

October 23, 2006

Division of Corporations State of Florida Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: SOLARIS 2101 - 06/04 CORPORATION (P04000100228)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for Solaris 2101 - 06/04 Corporation. The annual Uniform Business Report had not been filed previously because the principal officer/director had never received the renewal package during calendar year 2004 or 2005. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2004 & 2005.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very truly yours,

IORGE L. GURIAN

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Enclosure