

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -7 P 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000096697

1. Corporation Name

ASOLARE INC

800180564428
05/07/10--01037--006 **150.00
05/07/10 01037005-150.00
05/07/10 01037004-150.00

2. Principal Office Address - No P.O. Box #

9 SW 13th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

33315

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/2005

5. FEI Number

20-3136036

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tom Andrews

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

9 SW 13th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale, FL

State

FL

Zip Code

33315

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 1/20/2010

REGISTERED AGENT MUST SIGN

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
PD	Andrea Kmetz	9 SW 13th Street	Fort Lauderdale, FL 33315

REINSTATEMENT
08-10
AKS

10. E-mail Address:

(To be used for 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. I further certify, 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: Andrea Kmetz

Andrea Kmetz / President

1/20/2010

954-764-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #