

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR 16 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03142007 REIN-P CR2E098 (1/07)

4. FEI Number
20-3222436

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P05000105439			
1. Entity Name SOLID LIFE, INC			
Principal Place of Business 4200 NW 79 AVE 2-D MIAMI, FL 33166		Mailing Address 4200 NW 79 AVE 2-D MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 3900 NW 79 Ave		3. Mailing Address 3900 NW 79 Ave	
Suite, Apt. #, etc. Suite 733		Suite, Apt. #, etc. Suite 733	
City & State Doral FL		City & State Doral FL	
Zip 33166	Country US	Zip 33166	Country US

6. Name and Address of Current Registered Agent SILVA, FERNANDO 16300 NE 19 AVE C NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name MEDINA GROUP inc. Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36 St. #301 City MIAMI FL Zip Code 33166	
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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: HENRY MEDINA
for: MEDINA GROUP inc. DATE: 03/14/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P SABBAGH, WALID 4200 NW 79 AVE #2-D MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SABBAGH, WALID 3900 NW 79 Ave Suite 733 Doral, FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABAGH, LINDA 4200 NW 79 AVE #2-D MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100095165911 03/28/07--01038--012 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: WALID SABBAGH DATE: 03/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR