

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 MAR 14 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000005097

1. Corporation Name

SOLIS & COMPANY

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

109 Pike ST

Suite, Apt. #, etc.

3. Mailing Office Address

109 Pike St

Suite, Apt. #, etc.

City & State

Auburndale, FL

City & State

Aurbundale, FL

Zip

33823

Country

US

Zip

33823

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida **01/10/2006**

5. FEI Number

204109750

☐ 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

SOLIS, AMANDO

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

109 Pike ST

Suite, Apt. #, Etc.

City

Auburndale

State

FL

Zip Code

33823

800188669498

12/14/10--01032--005 **600.00

800188669498

02/21/11--01019--005 **150.00

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

Amando Solis

Date **01/05/2011**

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
P	SOLIS, AMANDO	109 Pike ST	Auburndale, FL 33823

800188669498

03/14/11--01064--010 **150.00

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Amando Solis

01/05/2011

863-557-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/11