PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001635541020
12/21/09--01045--005 **158.75

DOCUMENT # P06000136122

1. Corporation Name

Solaris Realty Group, Inc

W07-54125

REINSTATEMENT 08-09

CR2E081 (11/09)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
3523 Pintail Dr S	3523 Pintail Dr. S
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Jacksonville Beach, FL	Jacksonville Beach, FL
Zip 32250	Country USA	Zip 32250	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/6/2006

5. FEI Number 205782623   ☐ 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 Robert S Patton

Street Address (P O Box Number is Not Acceptable)
3523 Pintail Dr. South

Suite, Apt. #. Etc.

City Jacksonville Beach   State FL   Zip Code 32250

☒ 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 12-7-09

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
VPD	Kimberly J Patton	3523 Pintail Dr. S Jacksonville Beach FL 32250	Jacksonville Beach FL 32250
			0001635541020 12/21/09--01040--003 **150.00

10. E-mail Address: patton.kim@gmail.com
(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: _____   12-7-09   904-249-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #