

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000018111

1. Corporation Name

SOLIS BATTI/SMID CORP.

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

2665 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

SUITE 906

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

3. Mailing Office Address

2665 SOUTH BAYSHORE DR.

Suite, Apt. #, etc.

SUITE 906

City & State

COCONUT GROVE FL

Zip

33133

Country

USA

7. Name and Address of Current Registered Agent

Name

JORGE L. GURIAN

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

2665 SOUTH BAYSHORE DR.

Suite, Apt. #, Etc.

SUITE 906

City

COCONUT GROVE

State

FL

Zip Code

33133

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 12/7/09

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	TOMAS SMID	2665 SOUTH BAYSHORE DR. STE 906	COCONUT GROVE, FL 33133
SD	ANDREA BATTISTINI	2665 SOUTH BAYSHORE DR. STE 906	COCONUT GROVE, FL 33133

10. E-mail Address: JGURIAN@GURIANLAW.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:

TOMAS SMID

12/07/09

305-279-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 DEC -7 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400163426324

12/08/09--01004--024 ***300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2007

5. FEI Number

20-8448742

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

7/12/8