

FILING CANCELLED
RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000130316

1. Corporation Name

SOLAR CONTRACTING, INC.

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

18001 OLD CUTLER RD

Suite, Apt. #, etc

City & State

PALMETTO BAY, FL

Zip

33157

Country

USA

3. Mailing Office Address

18151 SW 280 STREET

Suite, Apt. #, etc

101

City & State

MIAMI, FL

Zip

33031

Country

USA

7. Name and Address of Current Registered Agent

Name

MARK GOLDBERG LEVIN

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

909 BRIKELL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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

Mark Heven

Date 04/08/2014

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	AMADO, JESUS H	13405 SW 128 STREET	MIAMI, FLORIDA 33186
CEO/EXVP/S	HAYDELSTIEN-AMADO, Y	13405 SW 128 STREET	MIAMI, FLORIDA 33186
VP	VERGARA, LUISA	13405 SW 128 STREET	MIAMI, FLORIDA 33186
VP	MUNOZ, JOSE M	13405 SW 128 STREET	MIAMI, FLORIDA 33186
T	MOREIRA, CARLOS	13405 SW 128 STREET	MIAMI, FLORIDA 33186
AS	LAURENTI, RAFAEL	13405 SW 128 STREET	MIAMI, FLORIDA 33186

10. E-mail Address: jha-cpa@hotmail.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., and that all fees owed by the corporation have been paid. 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:

Heaven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/2014

3052476747

Date

Daytime Phone #

FILED
14 APR 15 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
12/10/2007

5. FEI Number

X

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2008 - 2014
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04/15/14--01006--004 **1660.00