

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 PM 4:00

DOCUMENT # P92000003314

1. Corporation Name

SOLTECH, INC.

Principal Place of Business

1751 SOUTHWEST 8TH ST.
POMPANO BEACH FL 33069

Mailing Address

1751 SOUTHWEST 8TH ST.
POMPANO BEACH FL 33069

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1992

5. FEI Number

65-0365117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-----------------------------|
| V | RODRIGUEZ, CORA MAURICIO MONTOYA | 1751 SOUTHWEST 8TH ST. | POMPANO BEACH FL 33069 |
| | WEIDENBAUM, ROBERT | 1751 SOUTHWEST 8TH ST. | POMPANO BEACH FL |
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300004721109--0
-12/12/01--01075--008
****250.00 ****250.00

8. Name and Address of Current Registered Agent

HENKEL, TIM
110 BRICKELL AVE PENTHOUSE 9 FLOOR
SILVER, GARVETT & HENKEL
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Tim Henkel
Street Address (P.O. Box Number is Not Acceptable)
1110 Brickell Avenue
Suite, Apt. #, Etc.
Penthouse
City Miami State FL Zip Code 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Tim D. Henkel

REGISTERED AGENT MUST SIGN

Date

11/26/01 AD

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. 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:

MAURICIO MONTOYA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/01 954-781-0003