

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 12 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



REINSTATEMENT *02*

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	MONTOYA, MAURICIO	1751 SOUTHWEST 8TH ST.	POMPANO BEACH FL 33069

500008941675  
11/12/02--01122--012 \*\*750.00

*11/19*

8. Name and Address of Current Registered Agent

HENKEL, TIM  
1110 BRICKELL AVENUE  
PENTHOUSE  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Tim D. Henkel*  
**TIM D. HENKEL, Registered Agent**  
**MAURICIO MONTOYA**  
REGISTERED AGENT MUST SIGN

November 6, 2002

Date ~~OCTUBRE 31, 2002~~

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)(i), 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*  
**MAURICIO MONTOYA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTUBRE 31, 2002

Date

Daytime Phone #

CR2E040 (8/02)