

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
TAMM HARRIS  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000042789

1. Corporation Name

SOLAR BABIES INC.

Principal Place of Business

Mailing Address

11420 U.S. HWY. ONE

SUITE 107

PALM BEACH GARDENS FL 33410

11420 U.S. HWY. ONE

SUITE 107

PALM BEACH GARDENS FL 33410

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33408

Country

Zip 33408

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/08/1994

5. FEI Number

65-0495970

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FULGINITI, JOE	2151 RT A-1A THREE PALMS CIRCLE ALT AIA SOUTH	JUPITER FL 33477
ST	WILKINS, CLYDE S.	372 REGATTA DRIVE	JUPITER FL

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.

4521 PGA BLVD., SUITE 211

PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name

Corporate Creations Network Inc.

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

941 Fourth Street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date 10/26/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 743-8882

2082

October 26, 2000

Florida Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Solar Babies Inc.

Enclosed are the following:

1. Uniform Business Report for the corporation referenced above.
2. \$150 check payable to Florida Department of State.

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us earlier this year. Thank you.

Sincerely,

By: 

Name: Joe Felgatti

Title: President

Date: 10 / 26 / 00