

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 JUL 26 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000043148  
1. Corporation Name THE SOLITA MARKETING GROUP, INC  
6551 N.W. 170TH ST,  
HIALEAH, FL. 33015

**REINSTATEMENT**

95-07

2. Principal Office Address <u>6551 N.W. 170TH ST.</u> Suite, Apt. #, etc.		3. Mailing Office Address  Suite, Apt. #, etc.	
City & State <u>HIALEAH</u> <u>FL.</u>		City & State <u>FL.</u>	
Zip <u>33015</u>	Country <u>U.S.A.</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>06/09/1994</u>	
5. FEI Number <u>26-0575122</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>(An additional fee required for a certificate of status.)</small>	

7. Name and Address of Current Registered Agent

Name  
MAYKEL SOTO

Street Address (P.O. Box Number is Not Acceptable)  
6551 N.W. 170TH ST.

Suite, Apt. #, Etc.

City  
HIALEAH, FL

State  
FL

Zip Code  
33015

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 [Signature] Date 07/23/07

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
<u>PS_DT</u>	<u>MAYKEL SOTO</u>	<u>1440 E. 7TH CT.</u>	<u>HIALEAH, FL 33010</u>

800107461256  
08/07/07--01049--016 \*\*2558 75

10. 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] Date 07/23/07 305-559-4341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/04)