

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 # **Pg4000043148**

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

2. Principal Office Address

6551 N.W. 170TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HIALEAH

City & State

FL.

Zip

33015

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1994

5. FEI Number

26-0575122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **75 Additional Fee required for a Certified Status**

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

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
PS_DT	MAYKEL SOTO	1440 E. 7TH CT.	HIALEAH, FL 33010

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/07

Date

305-559-4341

Daytime Phone #

M. Williams JUL 26 2007