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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED
98 JAN 15 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◄ Read Instructions on Other Side Before Making Entries ►
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P94000071724

SOL JET INTERNATIONAL OF MIAMI, INC
169 E FLAGLER ST #521
Miami, Fl. 33131

2. If Address is Incorrect, or if Incorrect or any, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

REINSTATEMENT 95-98 AR 1/15

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number		6
9-29-94	65-0532533	FEI Number Applied For FEI Number Not Applicable	$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED X

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 (Do NOT Use Post Office Box Numbers) 3	City State Zip 4
DPS	SANCHEZ, NORBERTO	9060 S.W. 56 St.,	MIAMI, FL. 33165
			900002406469--4 -01721/98--01044--014 ***1238.75 ***1238.00
			900002406469--4 -01721/98--01044--014 ***1238.75 ***1238.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

NORBERTO SANCHEZ
9060 S.W. 56 ST
Miami, Fl. 33165

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State Zip

FL.

CR2E040 (8/92)

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 X _____ Date 1-13-98
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 1-13-98 Daytime Phone # 305-371-5666

Typed or printed name of signing officer or director Norberto Sanchez, Pres.