

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000082273**

1. Corporation Name

SOLAR PACKAGING CORP.

Principal Place of Business

4950 N. W. 165 ST.
MIAMI, FL 33014
US

Mailing Address

4950 N.W. 165 ST.
MIAMI, FL 33014
US

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

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1994

5. FEI Number

65-0558228

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
D	HANKS, ROBERT	ONE BOSTON PALCE, SUITE 2100	BOSTON MA 02108
PD	DORNBUSCH, JAIME	4920 N.W. 165TH STREET	MIAMI LAKES FL 33104
SD	GARAZI, EDWARD	4920 N.W. 165TH STREET	MIAMI LAKES FL 33104
D	MYERS, RUSSELL R	300 NORTH GREENE STREET SUITE 21	GREENSBORO NC 27401
VT	LUNDGREN, ROBERT	14545 SW 79 COURT	MIAMI FL 33158
D	GRAY, STEVEN	270 CONGRESS STREET	BOSTON MA 02210

8. Name and Address of Current Registered Agent

DORNBUSCH, JAIME
4920 N.W. 165TH STREET
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200004649452--0

-10/23/01--01030--021

***758.75 ***758.75

FL

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

10/12/01

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:

Robert Lundgren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01 (305) 621-5551

FILED

01 OCT 15 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (801)