

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092252

1. Corporation Name

STRATEGIES & SOLUTIONS Inc.

2. Principal Office Address

2655 Le Jeune Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

STE # 905

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Dec. 21st 1994

5. FEI Number

65-0557360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE M. MARQUINA

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

20 ISLAND DRIVE

Suite, Apt. #, Etc.

City

KEY BISCAYNE

State  
FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date 11/19/02

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
P	JOSE M. MARQUINA	20 ISLAND DRIVE	KEY BISCAYNE, FL 33134
D	CRISTINA SORIANO	20 ISLAND DRIVE	KEY BISCAYNE, FL 33134
D	CRISTINA MARQUINA	20 ISLAND DRIVE	KEY BISCAYNE, FL 33134

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

11/19/02

Date

305 4481997

Daytime Phone #

CR2E081 (9/01)

11/25