PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF STATE<br>**Sandra B. Mortham**<br>Secretary of State<br>DIVISION OF CORPORATIONS | **FILED**<br>**98 MAR 24 AM 9: 37**<br>SECRETARY OF STATE<br>TALLAHASSEE. FLORIDA |
|---|---|---|

DOCUMENT # P95000049337

1. Corporation Name

The Soloman Group, Inc.

**REINSTATEMENT** 96-98

| Principal Place of Business | Mailing Address |
|---|---|

100 Cypress Creek Rd #1040
Ft Lauderdale, FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address. If Applicable<br>160 S.E. 6th AVE<br>Suite, Apt. #, etc. Suite "D"<br>City & State DELRAY Beach, FL<br>Zip 33483 Country Palm Bch | 3. New Mailing Office Address. If Applicable<br>160 S.E. 6th AVE<br>Suite, Apt. #, etc. Suite "D"<br>City & State DELRAY Beach, FL<br>Zip 33483 Country Palm Bch. | 4. Date Incorporated or Qualified To Do Business in Florida 6-23-95<br>5. FEI Number 65-0589923 □ Applied For □ Not Applicable<br>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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| P, V.P. S., T. | RANDOLPH ROSS | 160 SE 6th AVE "D" | DELRAY Bch, FL |
| | | 500002469845---3<br>--03/26/98--01107--016<br>***1050.00  ****1050.00 | |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| | Name RANDOLPH ROSS<br>Street Address (P.O. Box Number is Not Acceptable) 160 S.E. 6th AVE<br>Suite, Apt. #, Etc. Suite "D"<br>City DELRAY BEACH State FL Zip Code 33483 |

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 3/16/98

11. 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.)

12. 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: _____  RANDOLPH ROSS  3/16/98  561-266-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

CR2E040 (12/96)