

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

22 JUL 16 PM 6:38

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000076375**

1. Corporation Name

SOLITARY, INC.

Principal Place of Business

Mailing Address

**140 FERNWOOD AVE., #523
FERN PARK FL 32730**

If above addresses are incorrect in any way, line through incorrect information and enter correct on 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

10/2/95

5. FEI Number

59-3337704

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)

1. Title	2. Name of Officers and or Directors	3. Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)	4. City State - Zip
Pres./ Dir.	EUGENE W. DUPONT, IV	7977 CANYON LAKE CIRCLE	ORLANDO, FL 32835
Sectry/ Dir.	JOSEPH E. LYN	7575 PARK SPRINGS CIRCLE	ORLANDO, FL 32835

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******900.00 ****900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**EUGENE W. DUPONT, IV
7977 CANYON LAKE CIRCLE
ORLANDO, FL 32835**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/16/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-718-5485

Daytime Phone #

CI-2040 (1/98)