

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 19 PM 2:17

DOCUMENT # P96000029350

1. Corporation Name

SOLAR DYNAMICS, INC.

Principal Place of Business

Mailing Address

1924 PREMIER ROW
ORLANDO FL 32809

1924 PREMIER ROW
ORLANDO FL 32809

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3380005

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ SP 75 A Certificate required for reinstatement of status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO CEO	HURLEY, PAUL A Hurley, Paul A	1209 DELAWARE AVENUE 1514 Daytona Ave	KISSIMMEE FL 34744 Holly Hill FL 32117
			100003060981--1 -12/06/99--01011--015 ****750.00 ****750.00
			100003060981--1 -12/06/99--01011--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HURLEY, PAUL A
1209 DELAWARE AVENUE
KISSIMMEE FL 34744

Name
Hurley, Paul A
Street Address (P.O. Box Number is Not Acceptable)
1514 Daytona Ave
Suite, Apt. #, Etc.

City
Holly Hill
State
FL
Zip Code
32117

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Paul A. Hurley
REQUIRED
REGISTERED AGENT MUST SIGN

Date Nov 18, 1999

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:

Paul A. Hurley
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Nov 18, 1999

407-240-8577

407-240-8500

Daytime Phone #