

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 JUN 21 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Hams**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P96000081521

1. Corporation Name  
Soleil Florida Corp.

2. Principal Office Address  
c/o Kramer, Levin, Naftalis & Frankel

Suite, Apt. #, etc.  
919 Third Ave.

City & State  
New York, NY

Zip Country  
10022 USA

3. Mailing Office Address  
c/o Kramer, Levin, Naftalis & Frankel

Suite, Apt. #, etc.  
919 Third Ave.

City & State  
New York, NY

Zip Country  
10022 USA

**REINSTATEMENT**

2001-2002

4. Date Incorporated or Qualified To Do Business in Florida 10/2/96

5. FEI Number  
13-3921720

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  
CT Corporation System;

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State Zip Code  
FL 33324

200006163992--6  
-07/02/02-0100--013  
\*\*\*\*908.75 \*\*\*\*908.75

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of Registered Agent Connie Bryan, Special Asst. Secy.  
REGISTERED AGENT MUST SIGN

Date 6-21-02

**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/D	Louise M. Sunshine	2665 South Bay Shore Drive	Coconut Grove, FL
V/S	Jay A. Neveloff	919 Third Ave.	New York, NY
V/T	Steve A. Kepniss	1300 Mt. Kember	Morristown, NJ

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 61 T, 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

6/20/02  
Date

(212) 715-9290  
Daytime Phone #

**CT CORPORATION**

CORPORATION(S) NAME

Soleil Florida Corp.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal   | <input type="checkbox"/> Mark               |
|  | <input checked="" type="checkbox"/> Reinstatement |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report            | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration        | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name          | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies              | <input checked="" type="checkbox"/> CUS-2   |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem          | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

RECEIVED  
 02 JUN 21 PM 12:30  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATE AFFAIRS  
 TALLAHASSEE, FL 32301

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

6/21/02

Order#: 5437001

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

*ms*

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615