PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUL 13 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082222

1. Corporation Name

SOL-A-RAJ CORPORATION

Principal Place of Business / Mailing Address

6500 N.W. 15th AVENUE
SUITE 200
FT. LAUDERDALE, FL 33309

700002943297--1
-07/27/99--01075--014
****908.75 ****908.75

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

2. New Principal Office Address, If Applicable
6500 N.W. 15th AVENUE
Suite, Apt. #, etc.
SUITE 200
City & State
FT. LAUDERDALE, FL
Zip 33309 Country BROWARD/USA

3. New Mailing Office Address, If Applicable
SAME
Suite, Apt. #, etc.
City & State
Zip Country

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

5. FEI Number 65-0703158 ☐ 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(s)	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.	Tom Hindson	7810 N.W. 40 Street, #2B	Coral Springs, FL 33065
E.V.P	Nicholas Monteleone	6500 N.W. 15th Ave., #200B	Ft. Lauderdale, FL 33309
V.P.	Paul W. Cain	17481 N.W. 12 Street	Pembroke Pines, FL 33029
Treas.	Leonard R. Barbato	5240 N.W. 109th Way	Coral Springs, FL 33076

REINSTATEMENT 97-99 TS

8. Name and Address of Current Registered Agent

BLODIG, GREGORY J. ESQ
100 West Cypress Creek Road
Suite 700
Ft. Lauderdale, FL 33309

9. Name and Address of New Registered Agent

Name: Nicholas Monteleone
Street Address (P.O. Box Number is Not Acceptable): 6500 N.W. 15th Avenue
Suite, Apt. #, Etc.: Suite 200
City: Ft. Lauderdale State: FL Zip Code: 33309

CR2E081 (12/98)

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 7/12/99

11. This corporation owes the current year On Extension Until 8/31/99 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] V.P. FINANCE 7/12/99 954-971-4620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEONARD R. BARBATO
Date Daytime Phone #