

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

01 MAR -6 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000088218

1. Corporation Name

SOLEIL BRONZE', INC.

Principal Place of Business

Mailing Address

1916 WESTON ROAD  
FORT LAUDERDALE FL 33326

1916 WESTON ROAD  
FORT LAUDERDALE FL 33326

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

2. New Principal Office Address, If Applicable  
371 Mallard Road

3. New Mailing Office Address, If Applicable  
371 Mallard Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ft. Laud., FL

City & State  
Ft. Laud., FL

Zip  
33327

Country  
Broward

Zip  
33327

Country  
Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/1996

5. FEI Number 65-0860648

Applied For

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)

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
D	RIVERA, NAYSHA	371 MALLARD ROAD	FORT LAUDERDALE FL
D	HARTLEY, ROBERT J JR.	371 MALLARD ROAD	FORT LAUDERDALE FL
			700003912337--U -03/27/01--01074--010 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PUMPHREY, GERALD R ESQ.  
11000 PROSPERITY FARMS ROAD  
SUITE 300  
PALM BEACH GARDENS FL 33410

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

*Gerald R. Pumphrey*  
REGISTERED AGENT MUST SIGN

Date 2/28/01

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:

*Gerald R. Pumphrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01 (305) 599-8608  
Date Daytime Phone #