

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
00 DEC -8 PM 4:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000017252

1. Corporation Name

SOL BRILLANTE, INC.

2. Principal Office Address

4321 SW 81st Place

3. Mailing Office Address

4321 SW 81st Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32608

Country

U.S.

Zip

32608

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/97

5. FEI Number

55-0783857

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

Leo Azpurua

400003509404 - 0

12/21/00-01002-001

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

4321 SW 81st Place

***1058.25 *** 1058.25

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32608

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

Signature of

Registered Agent

Date

11/6/00

REGISTERED AGENT MUST SIGN

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/S/D	Roberto Sanson	4321 SW 8ast Place	Gainesville, Fl 32608

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 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/00

Date

352-528-9877

Daytime Phone #