

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
Jun 24 1998 8:00am
Secretary of State

DOCUMENT # P97000037100

Profit 1998

1. Corporation Name
SOLID VIEW, INC.

Mailing Address
**100 SW 110 AVENUE, #144
MIAMI, FL 33174**

Principal Place of Business
**2246 SW 1st STREET
OFFICE B
MIAMI, FL 33135**

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
9601 SW 142nd AVENUE

Suite, Apt. #, etc.
#1110

City & State
MIAMI, FLORIDA

Zip Country
33186 USA

3. New Principal Office Address, If Applicable
2246 SW 1st STREET

Suite, Apt. #, etc.
OFFICE B

City & State
MIAMI, FLORIDA

Zip Country
33135 USA

4. Date Incorporated or Qualified
To Do Business in Florida
APRIL 25, 1997

5. FEI Number
65-0838741

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	CARLOS CASTRO SAURA	9061 SW 142nd AVENUE	MIAMI, FL 33186
D	ALBA DE CASTRO	9061 SW 142nd AVENUE	MIAMI, FL 33186

12/6/24

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***58.75

8. Name and Address of Current Registered Agent

**CLAUDIA SIBILA
100 SW 110 AVENUE, #114
MIAMI, FL 33174**

9. Name and Address of New Registered Agent

Name
MARIAN DUGARTE
Street Address (P.O. Box Number is Not Acceptable)
9061 SW 142nd AVENUE
Suite, Apt. #, Etc.
Apt. #1110
City
MIAMI
State Zip Code
FL 33186

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 *Marian Dugarte*
REGISTERED AGENT MUST SIGN

Date **JUNE 17, 1998**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Alba de Castro* **ALBA DE CASTRO** **DIRECTOR** 6/17/98 305-382-8827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/94)