

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #. P98000000628

1. Corporal on Name

M. S. Solon Inc.

99AR

Principal Place of Business

6113 SW 1 St.
Margate, FL 33068

Mailing Address

900 E. Atlantic Blvd.
Ste. 17
Pompano Beach, FL 33060

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/98

5. FEI Number

65-0802861

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
p/s/t	Michael Solon	6113 SW 1 St.	Pompano Beach, FL 33068

600003078586--3
-12/22/99--01092--015
****150.00 ****150.00

TS

8. Name and Address of Current Registered Agent

Michael Solon
900 E. Atlantic Blvd.
Ste. 17
Pompano Beach, FL 33060

9. Name and Address of New Registered Agent

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

Michael Solon

REGISTERED AGENT MUST SIGN

Date 11/15/99

11. This corporation owes 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:

Michael Solon

Michael Solon

11/15/99

(954) 783-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E08 (12/98)

Susan Kozloski P.A.

Bookkeeping and Tax Preparation
1412 NE 57 St.
Ft. Lauderdale, FL 33334
(954) 771-3757

November 1, 1999

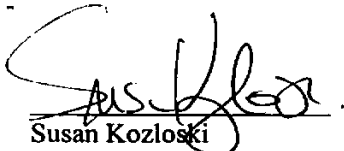
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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Re: M.S. Solon Inc.
H98000000119

I am writing this letter to request the reinstatement fee be waived for the above referenced corporation. Mr. Solon did not receive the original annual report or the second notice. Until he came in to do his tax return on October 15, 1999, he did not know the corporation had been dissolved. I am enclosing a reinstatement application and a check in the amount of \$150.00. I understand that it is possible to waive the fee, one time only, due to the circumstances. Your consideration in this matter would be greatly appreciated.

Sincerely,


Susan Kozloski
Accountant

enc.