

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000023975

1. Corporation Name

GROUP SOLID OF FLORIDA, INC.

Principal Place of Business

10850 N.W. 30TH STREET
MIAMI FL 33172

Mailing Address

10850 N.W. 30TH STREET
MIAMI FL 33172

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

03/13/1998

5. FEI Number

65-0846358

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	4 City / State / Zip
D	ASCOLI, B. RODOLFO	20 CALLE 8-23, Z14	LA CANADA, GUATEMALA CITY GA
	Delete		
D P/D	GIRON, MICHAEL A	12 CALLE 0-39 Z14	GUATEMALA CITY GUATEMALA

000008715250
10/31/02--01011--001 **150.00

8. Name and Address of Current Registered Agent

ASCOLI, MICHAEL E
10850 NW 30TH ST
MIAMI FL 33172

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date October 25, 2002

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 25, 2002

Date

Daytime Phone #

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GROUP SOLID OF FLORIDA INC.

10850 N.W. 30th Street
Miami, FL 33172

October 28th, 2002

DIVISION-OF CORPORATIONS
Tallahassee, FL 32302-1500

Subject: **GROUP SOLID OF FLORIDA INC., Ref. Number P98000023975**

Gentlemen:

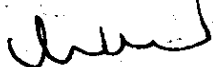
We kindly request the reinstatement of the above mentioned corporation, for which we are enclosing the Uniform Business Report filing fee of US\$ 150.00, as we did not receive the prior UBR notices. We are including the correspondent Application for Reinstatement Form duly signed and filled.

Please also take note of the elections:

Mr. Michael Ascoli
Mr. Rodolfo Ascoli

addition as President and Director
delete

Yours very truly,



Michael Ascoli
Director

MA:mdr
Encl.: mentioned