

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000093525**

1. Corporation Name

SOLAR SHIELD MARQUEE, CORP.

2. Principal Office Address

5566 ARNOLD PALMER DR.

Suite, Apt. #, etc.

4212

City & State

ORLANDO FL.

Zip

32811

Country

N/A

3. Mailing Office Address

5566 ARNOLD PALMER DR.

Suite, Apt. #, etc.

4212

City & State

ORLANDO FL.

Zip

32811

Country

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1998

5. FEI Number

59-3545732

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

ANTONIO A.L. PINHEIRO

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

5566 ARNOLD PALMER DR.

Suite, Apt. #, Etc.

4212

City

ORLANDO

State

FL

Zip Code

32811

500003368765-3

-08/23/00--01058--014

*******300.00 *****300.00**

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

Antonio Pinheiro

Date

08/07/00

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
PSTD	ANTONIO A.L. PINHEIRO	5566 ARNOLD PALMER DR. # 4212	ORLANDO FL. 32811

KE

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.

SIGNATURE:

Antonio Pinheiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/07/00
Date

(407) 522-1472
Daytime Phone #

CR2E081 (9/99)

2082
Ruben D. Toro, MBA CPA
7345 Sand Lake Rd. Ste. 204
Orlando FL 32819

SOLAR SHIELD MARQUEE CORPORATION

August 7, 2000

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FL 32314

Dear Sir/Madam:

The US Postal Service returned the ANNUAL REPORT 1999 form to your office and therefore the SOLAR SHIELD MARQUEE CORPORATION was unable to file the Annual Report for the year 1999. The corporation was dissolved administratively because it did not file this corporation Annual Report for 1999. I am enclosing the Corporation Reinstatement form and a check for \$300.00 to restate the company in the State of Florida according to the instructions that We received by phone from your organization.

Sincerely,



Ruben D. Toro MBA CPA
Solar Shield Marquee Corporation

Enclosures: Corporation Reinstatement