

FILED

OL MAY 28 PM 4:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
 REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT #98000101190

## 1. Corporation Name

Soloman Properties Inc.

9822 SW 133rd Place  
 Post Office Box 161916

## 2. Principal Office Address

9822 SW 133rd Place

## 3. Mailing Office Address

Post Office Box 161916

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami FL

City &amp; State

Miami FL

Zip

33186

Country

Zip

33116

Country

## 4. Date incorporated or Qualified

To Do Business in Florida 12/07/98

## 5. FEI Number

65-0933565

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

David Vega

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

9822 SW 133 Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

## 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of  
 Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/20/04

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PSTD   | David Vega                           | 9822 SW 133 Place                                 | Miami FL 33186     |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Vega President 5/20/04 305-992-4776