

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 27 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

99900007397

1. Corporation Name

THE SOLUTION CENTER, INC.

2. Principal Office Address

1231 NW 193rd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1231 NW 193rd Ave

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

1/26/1999

5. FEI Number

65-0932483

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

IRWIN WILLIAMS

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

8813 NW 23rd St.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

600039561376

07/27/04--01026--003 **450.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/8/04

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
Pres	IRWIN WILLIAMS	1231 N.W. 193rd Ave	PEMBROKE PINES, FL 33029

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:

IRWIN WILLIAMS
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

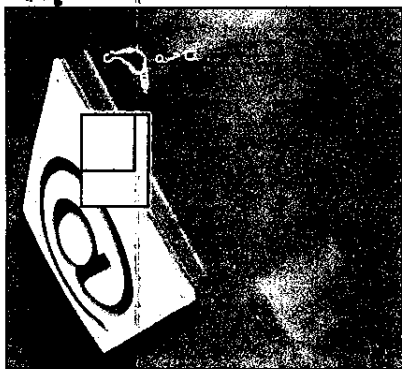
7/9/04

Daytime Phone #

954-989-0620

CR2001 (01/04)

2 of 2



The Solution Center

1231 N.W 193rd Avenue
Pembroke Pines, FL 33029
Tel:(954) 989-0620
Fax:(954) 885-1908

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: P99000007397

I was informed by my health insurance provider today that my corporation is inactive due to the nonpayment of the annual corporation fee.

In November 2001 my corporation address was changed from 2023 Sacramento, Weston Florida 33326 to 1231 NW 193rd Avenue, Pembroke Pines, FL 33029.

A letter of change of address was sent to the IRS, Florida Department of Revenue and Florida Department of State in the first week of December 2001. It appears that my record has never been updated for this change of address.

We have never received a bill for the annual return since this point in time. We were unaware of our status and in fact have been filing UCT6 returns for every quarter up to date.

Accordingly, we ask that you waive the reinstatement fee. Enclosed you will find a check in the amount of \$ 450 covering the fees for the years 2002 thru 2004.

We are a small company and your consideration in this matter would mean very much to us.

Sincerely

A handwritten signature in black ink, appearing to read 'Irwin Williams', is written over a horizontal line.

Irwin Williams
President