

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 10 PM 2:56

DOCUMENT # P99000050912

1. Corporation Name

SOLIMAR INTERNATIONAL, INC.

300158315033
09/24/04 01090 002 150.00
01090 003 150.00
01090 004 150.00
300158315033
07/09/09--01054--002 **1050.00

2. Principal Office Address - No P.O. Box #

757 SE 17 STREET

3. Mailing Office Address

757 SE 17 STREET

Suite, Apt. #, etc.

1130

Suite, Apt. #, etc.

1130

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1999

5. FEI Number
65-0926073

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BART VAN DER HORST

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

757 SE 17 STREET

Suite, Apt. #, Etc.

1130

City

FORT LAUDERDALE, FL

State

FL

Zip Code

33316

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

300158315033

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

REGISTERED AGENT MUST SIGN

Date 07/06/09

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
D, P	BART VAN DER HORST	757 SE 17 STREET	FORT LAUDERDALE, FL

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 contained in Chapter 119, 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:

DIRECTOR/PRESIDENT

07/06/06

954-253-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #