

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087569

1. Corporation Name

SOLANO & ASSOCIATES ENTERPRISES, INC.

Principal Place of Business

640 N SEMORAN BLVD.
ORLANDO FL 32807

Mailing Address

640 N SEMORAN BLVD.
ORLANDO FL 32807

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

10/01/1999

5. FEI Number

59-3596444

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SOLANO, PAUL	5309 CYPRESS RESERVE PLACE	WINTER PARK FL 32792
D	SOLANO, DIANE	5309 CYPRESS RESERVE PLACE	WINTER PARK FL 32792
D	SOLANO, JOYLYNNE M	5309 CYPRESS RESERVE PLACE	WINTER PARK FL 32792
D	KOZLOWSKI, DYANNE C	8414 MARGARITA DRIVE	ORLANDO FL 32817
D	KOZLOWSKI, CHRISTOPHER L	8414 MARGARITA DRIVE	ORLANDO FL 32817

8. Name and Address of Current Registered Agent

SOLANO, JOYLYNNE M
5309 CYPRESS RESERVE PLACE
WINTER PARK FL 32792

9. Name and Address of New Registered Agent

Name

DIANE SOLANO

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

698 Barrington Circle

Suite, Apt. #, Etc.

City

Winter Springs, FL 32708

State

Zip Code

FL

32708

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

10/24/02

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

Date

10/24/02

Daytime Phone #

407-381-4432



SOLANO & ASSOCIATES ENTERPRISES, INC.

October 22, 2002

Department of State
Division of Corporations
Michelle Milligan
PO Box 6327
Tallahassee, FL 32314

Subject: Solano & Associates Enterprises, Inc.
Document #: P99000087569

To Ms. Milligan:

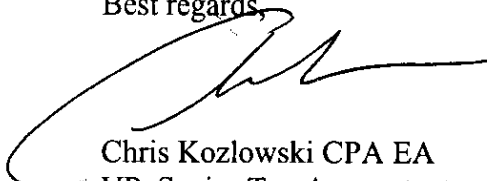
Per our conversation on October 21, 2002, I am writing you to clear up our corporation status with the State of Florida.

When we originally sent our Uniform Business Report on February 12, 2002 with our check for \$150.00, the check was credited to another corporation by the name of Accounting USA, Inc., which is our corporation also. Our desire, in the beginning, for Accounting USA, Inc., was to dissolve this corporation, but we are glad now that this never happened because we finally found a use for it.

We received your letter on July 12, 2002 saying that our report has not been filed yet. We responded to this letter with a copy of the cancelled check and a letter that you have scanned in for your records. We did not hear anything from you until we received the "Notice of Administrative Dissolution or Revocation." At that point, is when I called and talked to you, and we appreciate all your help.

The bottom line is, we always wanted to keep this corporation active. I am enclosing the application for reinstatement and a check for \$150.00. Hopefully this will clear up everything. Please call me at the number below with any questions you may have.

Best regards,



Chris Kozlowski CPA EA
VP, Senior Tax Accountant



SOLANO & ASSOCIATES ENTERPRISES, INC.

November 12, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Solano & Associates Enterprises, Inc.
Ref Number: P99000087569

To Michelle:

We recently received your response stating that the waiver letter needs to be signed by an officer or director. We do not understand why we received such a response. I am the one who signed the waiver letter. My name appears as the 5th director on the reinstatement form. On the reinstatement form, Diane Solano is the one who signed the reinstatement form. Her name appears as the 2nd director of the reinstatement form.

Please call if there are any other problems.

Thanks,

Chris Kozlowski
Director