# APPLICATION FOR ~~REINSTATEMENT~~

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

APPROVED AND FILED

00 OCT 30 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000089924**

1. Corporation Name

**SOLO BABY INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 11420 U.S. HIGHWAY ONE #107<br>PALM BEACH GARDENS FL 33408 | 11420 U.S. HIGHWAY ONE #107<br>PALM BEACH GARDENS FL 33408 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/1999

5. FEI Number: 65-0953246 ☐ 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 | FULGINITI, JOSEPH | 11420 U.S. HIGHWAY ONE #107 | PALM BEACH GARDENS FL 33408 |
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**8. Name and Address of Current Registered Agent**

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

**9. Name and Address of New Registered Agent**

Name: Corporate Creations Network Inc.
Street Address (P.O. Box Number is Not Acceptable): 941 Fourth Street
Suite, Apt. #, Etc.:
City: Miami Beach State: FL Zip Code: 33139

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED CEO Date: 10/26/00
REGISTERED AGENT MUST SIGN

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:** JOSEPH FULGINITI PRESIDENT 10/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: (561) 743-8882

0071386 AF

October 26, 2000

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

Re: Solo Baby Inc.

Enclosed are the following:

1. Uniform Business Report for the corporation referenced above.

2. $150 check payable to Florida Department of State.

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us earlier this year. Thank you.

Sincerely,

By: _____

Name: _____

Title: _____

Date: 10 / 26 / 00