

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098134

1. Corporation Name

SQUARE ONE SOLUTIONS, INC.

Principal Place of Business

Mailing Address

~~1925 BRICKELL AVENUE~~
~~SUITE 0200~~
~~MIAMI FL 33129~~

~~1925 BRICKELL AVENUE~~
~~SUITE 0200~~
~~MIAMI FL 33129~~

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

2. New Principal Office Address, If Applicable

1035 Pennsylvania Ave

Suite, Apt. #, etc.

Suite 11

City & State

Miami Beach

Zip

33139

Country

3. New Mailing Office Address, If Applicable

1035 Pennsylvania Ave

Suite, Apt. #, etc.

Suite 11

City & State

Miami Beach

Zip

33139

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1999

5. FEI Number

65-0965735

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
DP	SOLOMON, DOUGLAS	1035 PENNSYLVANIA AVENUE #11	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

LEVI, RAIMUNDO
LOPEZ, LEVI & ASSOCIATES LC
815 N.W. 57TH AVENUE, #125
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name
Raimundo Levi
Street Address (P.O. Box Number is Not Acceptable)
224 Catalonia Ave
Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

11/6/02

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

11/8/02

Date

305-538-3228

Daytime Phone #

CR2E040 (8/02)

292

November 5, 2002

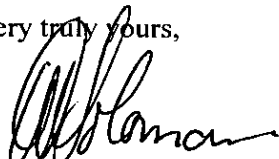
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Square One Solutions, Inc.

Gentlemen:

We are enclosing the application for reinstatement and the filing fee for the annual uniform business report in the amount of \$150. We kindly request that you waive the reinstatement fee due to the fact that the prior uniform business report notices were not received, which was due to a change in the address.

Very truly yours,



Douglas Solomon

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