

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 22 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

557341

1. Corporation Name

SOLIMARE INTERNATIONAL, INC

~~W09-17657~~

REINSTATEMENT 04-09

800150068878

04/15/09--01001--007 **1500.00
CR2E081 (12/08)

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

6001 HALLOWAY LN

3. Mailing Office Address

P.O. BOX 6820

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BCH, FL

City & State

DELRAY BCH, FL

Zip

Country

33484

USA

Zip

Country

33482

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/91

5. FEI Number

650268807

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

ALLAN RUBIN

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

~~PO BOX 6820~~

Suite, Apt. #, Etc.

4681 HAMMOCK CIRCE

City

DELRAY BCH

State

FL

Zip Code

~~33482~~ 33445

☐ 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.

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 3/31/2009

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
DPUS	MARGALLA FINIMUNDI	P.O. BOX 6820	33482 DELRAY BCH, FL
T	MARGALLA FINIMUNDI	" "	" "
AS	WALDENAR JARDI JR	" "	" "

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:

WALDENAR JARDI JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2009

Date

Daytime Phone #

581-289-

6263