

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # S82014

1. Corporation Name

BENITO SOLARI, INC.

Principal Place of Business

Mailing Address

2306 60TH DR E  
BRADENTON FL 34203  
US

2306 60TH DR E  
BRADENTON FL 34203  
US

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

2. New Principal Office Address, If Applicable

3202 N TAMiami Ta  
Suite, Apt. #, etc. B

City & State SARASOTA FL

Zip 34234 Country USA

3. New Mailing Office Address, If Applicable

3202 N TAMiami Ta  
Suite, Apt. #, etc. B

City & State SARASOTA FL

Zip 34234 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/1991

5. FEI Number

65-0296173

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
P, VP, S, T, D	SOLARI, PAUL	2306 60TH DR E SUITE B 3202 N TAMiami Ta	BRADENTON FL 34203 SARASOTA FL 34234 100024994491 11/25/03--01002--019 **750.00

8. Name and Address of Current Registered Agent

SOLARI, PAUL  
2306 60TH DR E  
BRADENTON FL 34203X

9. Name and Address of New Registered Agent

Name

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

3202 N TAMiami Ta  
Suite, Apt. #, Etc. B

City SARASOTA

State

FL

Zip Code

34234

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)