2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P05000032096

Entity Name: SALAV, INC

Current Principal Place of Business:

6021 MEDICI CT
102
SARASOTA, FL 34243 US

New Principal Place of Business:

130 RIVERIA DUNES WAY
1003
PALMETTO, FL 34221 US

Current Mailing Address:

6021 MEDICI CT
102
SARASOTA, FL 34243 US

New Mailing Address:

130 RIVERIA DUNES WAY
1003
PALMETTO, FL 34221 US

FEI Number: 20-2427189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEEBLES & MORIARTY, P.A.
1111 3RD AVENUE WEST
SUITE 210
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PEBBLES & MORIATY, PA
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ASFUR, SAMUEL J
Address: 6021 MEDICI CT 102
City-St-Zip: SARASOTA, FL 34243 US

Title: SECT ( ) Delete
Name: ASFUR, LYNN M
Address: 6021 MEDICI CT 102
City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ASFUR, SAMUEL J
Address: 130 RIVERIA DUNES WAY #1003
City-St-Zip: PALMETTO, FL 34221 US

Title: SECT (X) Change ( ) Addition
Name: ASFUR, LYNN M
Address: 130 RIVERIA DUNES WAY #1003
City-St-Zip: PALMETTO, FL 34221 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL J. ASFUR P 02/27/2009
Electronic Signature of Signing Officer or Director Date