

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC -9 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # F08000000215

1. Corporation Name

Salto Systems, Inc.

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

3073 McCall Drive

Suite, Apt. #, etc.

Suite 1

City & State

Atlanta, GA

Zip

30340

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/2008

5. FEI Number

20-3178331

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

500254541535

12/09/13--01001--011 **1208.75

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

Marie Edwards

Date 11/15/13

REGISTERED AGENT MUST SIGN
Marie Edwards Asst. Secretary

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
President	Javier Roquero	Poligono Lanbarren Cl Arkotz m9	Oiartzun, Spain 20180
Secretary	Juan Jose Harte	Poligono Lanbarren Cl Arkotz m9	Oiartzun, Spain 20180
Treasurer	Gonzalo Marco	Poligono Lanbarren Cl Arkotz m9	Oiartzun, Spain 20180
Director	Linda Leimbach	3073 McCall Drive, Suite 1	Atlanta, GA 30340

10. E-mail Address: 125accounting@salto-systems.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Frank W. Smith

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/13

(704) 524-0911

Phone Number