

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 27 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F09000004963

1. Corporation Name

Salmen Insurance Services, Inc.

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

6170 Innovation Way

Suite, Apt. #, etc.

Ste 0-8

City & State

Carlsbad, CA

Zip

92009

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
12/14/2009

5. FEI Number

33-0980333

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

Registered Agent Solutions, Inc.

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

155 Office Plaza Dr.

Suite, Apt. #, Etc.

Suite A

City

Tallahassee

State

FL

Zip Code

32301

400244472094
02/27/13--01023--002 **150.00

400244472094
02/07/13--01030--011 **750.00

8. I, being appointed the registered agent of the above named corporation, do hereby with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Clare Staley Asst. Sec.
REGISTERED AGENT

Date

2-4-13

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
Pres. Sec. Treas.	Phillip Salvagio	6170 Innovation Way Ste 0-8	Carlsbad, CA 92009

10. E-mail Address: **Brad@salmeninsurance.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 in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/12

Daytime Phone #