

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 FEB 13 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 610493

1. Corporation Name
Kenneth SALOMON ENTERPRISES INC.

Principal Place of Business Mailing Address
WELLINGTON, FL P.O. BOX 1195
LOXAHATCHEE, FL 33470

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

2. New Principal Office Address, If Applicable P.O. BOX 1195, LOXAHATCHEE Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable P.O. BOX 1195 Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida Nov 1982
City & State LOXAHATCHEE, FL	City & State LOXAHATCHEE, FL	5. FEI Number 51-2232288
Zip 33470	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	KENNETH SALOMON	1429 PADDUCK DRIVE	WELLINGTON, FL 33414
			900002433169-7
			-02/17/98-01088-003
			1058.75 *1058.75
			1058.75
			96-98
			7/16
			2/13/98

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHARLES M. SCHREIBER 4310 TENTH AVE. NORTH LAKE WORTH, FL 33461 561-968-5508	Name Same as #8
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL
	Zip Code

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.

Signature of Registered Agent X Charles Schreiber
REGISTERED AGENT MUST SIGN Date X 2/5/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: Kenneth S. Salomon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/5/98 Daytime Phone # 561-793-1310

CR2E040 (1/98)