

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700008872507

11/07/02--01072--003 **150.00



DOCUMENT # G92084

1. Corporation Name

SALED, INC.

Principal Place of Business

% ALEX DOMINGUEZ
777 N.W. 72ND AVENUE
MIAMI FL 33126

Mailing Address

% ALEX DOMINGUEZ
777 N.W. 72ND AVENUE
MIAMI FL 33126

Address WAS Incomplete

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

2. New Principal Office Address, If Applicable

755 N.W. 72ND AVENUE

Suite, Apt. #, etc.

SUITE 26

City & State

MIAMI, FLORIDA

Zip

33126

Country

U.S.A.

3. New Mailing Office Address, If Applicable

755 N.W. 72ND AVE.

Suite, Apt. #, etc.

SUITE 26

City & State

MIAMI, FLORIDA

Zip

33126

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1984

5. FEI Number

59-2414023

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SUAREZ, SAMUEL	777 NW 72ND AVE SUITE 26 755 N.W. 72ND AVENUE	MIAMI FL 33126
VP	DOMINGUEZ, ALEX	777 NW 72ND AVE SUITE 26 755 N.W. 72ND AVENUE	MIAMI FL 33126
S	SOLIS, SARA	755 NW 72ND AVE SUITE 26 755 N.W. 72ND AVENUE	MIAMI FL 33126
T	SOLIS, EDUARDO	755 NW 72ND AVE SUITE 26	MIAMI FL 33126

8. Name and Address of Current Registered Agent

DOMINGUEZ, ALEX

777 N.W. 72ND AVENUE
MIAMI FL 33126

755 N.W. 72ND AVENUE
SUITE 26
MIAMI, FLORIDA
33126

9. Name and Address of New Registered Agent

Name

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

755 N.W. 72ND AVENUE

Suite, Apt. #, Etc.

26

City

MIAMI

State

FL

Zip Code

33126

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

SIGNATURE REQUIRED

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02 (305) 261-7269

Date

Daytime Phone #

CR2040 (8/02)

ALBERT BENDER & COMPANY

2450 S.W. 137TH AVENUE SUITE 215
MIAMI, FLORIDA 33175

Phone 305-229-9050
Fax 305-227-1204

October 31, 2002

Divisions of Corporations
Annual Report/Reinstatement Section
P.O.Box 6327
Tallahassee, Florida 32314-6327

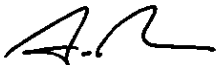
Dear Sir:

I am writing on behalf of my client Saled, Inc. The notice that we received from your office recently was the first notice that told us that we did not file the yearly Uniform Business Report for the year 2002.

After reviewing the form the address was incorrect. . I have corrected the situation on the form. I hope that this would resolve the problem.

I am enclosing a check in the amount of \$150.00 for the annual fee. I want to thank you if you could abate the penalty.

Respectfully submitted,



Albert Bender
Accountant