


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H68060		
1. Entity Name SALAD FINGERS, INC.		

FILED  
06 MAY 25 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 11767 S DIXIE HWY # 422 MIAMI, FL 33156 US	Mailing Address 11767 S DIXIE HWY # 422 MIAMI, FL 33156 US
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2. Principal Place of Business 13035 SW 77 Ave. Suite, Apt. #, etc.	3. Mailing Address 13035 SW 77 Ave Suite, Apt. #, etc.
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05082006 REIN-P CR2E098 (11/05)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 59-2578969	Applied For <input type="checkbox"/> Not Applicable
Zip 33156	Country USA	Zip 33156	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HART, ROSE MARIE 11767 S DIXIE HWY #422 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name 13035 S.W. 77 Ave Rose Hart Street Address (P.O. Box Number is Not Acceptable) 13035 S.W. 77 Ave City Miami FL Zip Code 33156	
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8. 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE Rose Hart, President DATE May 16, 2006  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, ROSE MARIE 11767 S DIXIE HWY #422 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13035 SW 77 Ave Miami FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500076161755 06/14/06--01004--011 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: Rose Hart DATE May 16, 2006 (305) 251-1014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR