


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L36201 1. Corporation Name Salazar-Pineda Investment Corporation			
2. Principal Office Address 15015 Laurel Cove Cir. Suite, Apt. #, etc.		3. Mailing Office Address 15015 Laurel Cove Cir. Suite, Apt. #, etc.	
City & State Odessa FL 33556		City & State Odessa FL	
Zip 33556	Country USA	Zip 33556	Country USA

FILED
 01 SEP -7 AM 8:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 05-01

4. Date Incorporated or Qualified To Do Business in Florida	12/14/1989
5. FEI Number	592981343
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name	Andres Salazar
Street Address (P.O. Box Number is Not Acceptable)	15015 Laurel Cove Cir.
Suite, Apt. #, Etc.	
City	Odessa
State	FL
Zip Code	33556-3118

8. I, being appointed the registered agent of the above named corporation am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent: *[Signature]* Date: Sept. 04/2001

REGISTERED AGENT MUST SIGN

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
P	Dario Salazar	15015 Laurel Cove Cir.	Odessa FL 33556
V	Beatriz Pineda de Salazar	15015 Laurel Cove Cir.	Odessa FL 33556
S	Juan Camilo Salazar	15015 Laurel Cove Cir.	Odessa FL 33556
T	Federico Salazar	15015 Laurel Cove Cir.	Odessa FL 33556

10. 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: FEDERICO SALAZAR, FEDERICO SALAZAR Date: 09/04/01 (813) 920 5467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (09/01)