

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JUL -6 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L48134

1. Corporation Name

SALT AIR, INC.

Principal Place of Business

Mailing Address

1641 N.E. POINSETTIA DR 1641 N.E. POINSETTIA DR
FT-LAUDERDALE, FL 33305 FT-LAUDERDALE, FL 33305

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0174313

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	JEAN H. DORGAMBIDE	1641 POINSETTIA DR	FT-LAUDERDALE, FL 33305
			700002936887--8
			-07/20/99--01091--011
			***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DORGAMBIDE, JEAN, H
1641 POINSETTIA DR
FT-LAUDERDALE, FLORIDA 33305

Name

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

REGISTERED AGENT MUST SIGN

Date 06/28/99

11. This corporation owes 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:

JEAN DORGAMBIDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/99

Date

954-565-1104

Daytime Phone #

CR2E081 (12/99)