PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 20 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L59309

1. Corporation Name
SALZEDO HOLDINGS, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3001 Ponce De Leon Blvd.	3001 Ponce de Leon Blvd
Suite, Apt. #, etc. SUITE 264	Suite, Apt. #, etc. SUITE 264
City & State CORAL GABLES, FLA.	City & State CORAL GABLES, FLA.
Zip 33134 Country USA	Zip 33134 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/22/1990

5. FEI Number: 65-0180568 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DT	GONZALEZ, LLAMAS, MANUEL	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

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***375.00 ***375.00

JB 11-21-96

8. Name and Address of Current Registered Agent

[redacted]

9. Name and Address of New Registered Agent

Name: Jorge Bäuerle
Street Address (P.O. Box Number is Not Acceptable): 3001 Ponce De Leon Blvd.
Suite, Apt. #, Etc.: SUITE No 264
City: Coral Gables State: FL Zip Code: 33134

CR2E040 (7/96)

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: [signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 10/30/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [signature] SIGNATURE REQUIRED
MANUEL GONZALEZ LLAMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
10/30/96 Date
(305) 444-9107 Daytime Phone #

AP