

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01 JUL -3 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M35957

1. Corporation Name

SALGADO'S CORPORATION

2. Principal Office Address

2323 NW 17 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida 33142

Zip

Country

3. Mailing Office Address

2510 SW 23 Terrace

Suite, Apt. #, etc.

c/o Elin O. Salgado

City & State

Miami, Florida 33145

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1986

5. FEI Number

59-2697405

Applicant For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

Street Address (Number is Not Acceptable)

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Spiegel & Utrera, P.A.

Signature of

Registered Agent

By:

Natalia Utrera, Vice President

Date

7/3/01

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
PSTD	Salgado, Ayda	2323 NW 17 Avenue	Miami, Florida 33142

REINSTATEMENT

2000-2001

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****900.00 ****900.00

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 taxes 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:

Ayda Salgado

Ayda Salgado

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUL-03-01 01:18