| ADTI CATION FOR REINSTATEMENT | ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | ••• |
|--|--|--|---|
| DOCUMENT # M95926 1. Corporation Name | | | 99 OCT 14 PM 5: 34 |
| SALMEX, INC. | | | |
| Poncipal Place of Business | Mailing Address | | Brianco e do de dia nosa do Propinso do de altre de Antido |
| If above addresses are incorrect in any way, line thro | | | REINSTATEMENT 45-59 |
| 2 New Principal Office Address, If Applicable State Apt #, etc. | New Mailing Office Address, If Suite, Apt. #, etc. | Applicable | 4. Date incorporated or Qualified To Do Business in Fiorida 08/25/88 |
| 2534 S.W. 6 Street | 2534 S.W. 6 Stree | t | 5. FEI Number Applied For 65–0134233 Not Applicable |
| Miami, Florida 219 33135 Country V. S.A. | Miami, Florida Zip Country 33135 | 1.S.A | CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status |
| 7. Names and Street Addresses of Each Officer and/o | | itions must list at lea | |
| Title(s) and/or Directors | Off 3 (Do NOT Us | icer and/or Director se Post Office Box | or City / State / Zip Numbers) 4 |
| P/D CONSTANZA SANCHEZ | | 207 St, A Fl 33180 | Apt 3207 |
| S/T/D BERNARDO GARCIA 3615 N.E. 207 St, Apt 3207 N. Miami, Fl 33180 | | | |
| | | - | 20000302015125: -10/21/9301010026 ***1350.00 ***1350.00 |
| 8. Name and Address of Current F | Posistavad Agont | Ţ · ··· | 9. Name and Address of New Registered Agent |
| | | Street Address (F | HARD A. CRISONINO, ESQ. (P.O. Box Number is Not Acceptable) 4 S.W. 6 Street |
| | | City MIAN | |
| 10. It being appointed the registerer agent of the above Signature of Registered Agent | ve named corporation, am familiar wi | th and accept the o | obligations of Section 607.0505, F.S. Date 10/12/99 |
| 11. This corporation owes the Intangible Personal Proper | current year | Yes | (See other side for information on intangible tax.) |
| this reinstatement application, the reason for dissol | lution has been eliminated, the corporation has been eliminated, the corporation has been eliminated on this fort | orate name satisfies m do not qualify for | provided for in chapter 607 or 617, F.S. I further certify that when filing sithe requirements of section 607.0401 or 617.0401, F.S., that all fees in a semption under section 119.07(3)(i), F.S. The information indicated er oath. |
| SIGNATURE: X SIGNATURE AND TYPED OR PART | Q QUAL STORY OF SIGNING OFFICER OF I | DIRECTOR | 10/12/99 (305) 833-2377 Date Daylime Phone # |