

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039040

1. Corporation Name

SALJENTO INC

[Handwritten signature]

2. Principal Office Address

3680 S.W 64TH AVE

3. Mailing Office Address

3953 S.W. 139TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33314

Country

USA

Zip

33330

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2000

5. FEI Number

20-0267753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

12/23/03--01019--009 **1050.00
REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

C. David Tangora, Esq.

Street Address (P.O. Box Number is Not Acceptable)

200 S.E. 18th Court

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33316

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.

Signature of
Registered Agent

[Handwritten signature of C. David Tangora]

Date 12/18/03

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	ANTONIO CHAVEZ	3953 SW 139TH AVE	DAVIE, FLORIDA 33330
V	VIRGINIA WILKIE	3953 SW 139TH AVE	DAVIE, FLORIDA 33330
S	JENNIFER CHAVEZ	3953 SW 139TH AVE	DAVIE, FLORIDA
T	SARAH CHAVEZ	3953 SW 139TH AVE	DAVIE, FLORIDA

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:

[Handwritten signature of Antonio Chavez]

ANTONIO CHAVEZ

08/18/2003 954-816-5219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)