

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
ANNUAL  
REPORT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 22 AM 9:55

DOCUMENT # P00000055028

1. Corporation Name

Salvatore J Salomone, INC.

2. Principal Office Address - No P.O. Box #

5397 Harriet Pl  
Suite, Apt. #, etc. Home

3. Mailing Office Address

5397 Harriet Pl  
Suite, Apt. #, etc. Home

City & State

W.P.B. FL

City & State

W.P.B. FL

Zip

33407

Country

P.B.C.

Zip

33407

Country

P.B.C.

200155468132

05/05/09--01042--005 \*\*183.75

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

June 7 2000

5. FEI Number

65-1013911

Applied 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

Salvatore J Salomone

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

5397 Harriet Pl

Suite, Apt. #, Etc.

Home

City

W P B FL

State

FL

Zip Code

33407

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 5-1-09

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
President	Salvatore J Salomone	5397 Harriet Pl	W. P. B. Fla 33407

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-09

Date

561-881-1472

Daytime Phone #