

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

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

DOCUMENT # P01000012835

1. Corporation Name
 SALT SHAKER, INC.

2. Principal Office Address
 206 Midway Isle

3. Mailing Office Address
 140 Island Way

City & State
 Clearwater, FL

City & State
 Clearwater, FL

Zip 33767 **Country** PINELLAS

Zip 33767 **Country** PINELLAS

FILED
 03 JUL 30 PM 4:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

100021936381
 08/05/03--01008--033 ***8.75

100021936381
 07/30/03--01022--005 ***300.00

4. Date Incorporated or Qualified To Do Business in Florida 02/02/01

5. FEI Number 52-2293854

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ELIZA BETH NELSON

Street Address (P.O. Box Number is Not Acceptable) 308 S. MERCURY AVENUE

City CLEARWATER, FL **Zip Code** 33765

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 Elizabeth Nelson **Date** 7/26/03

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	DONALD R. SMITH	206 Midway Isle	Clearwater, FL 33767
VP	JANE A. PIH	140 Island Way #239	Clearwater, FL 33767

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)(f), 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: Donald R. Smith, Pres 7/26/03 727-798-4933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (9/01)

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July 25, 2003

Florida Department of State
Divisions of Corporations

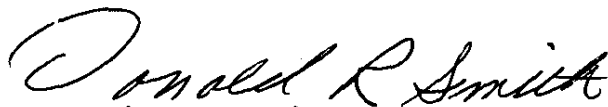
To whom this may concern:

This letter is to request that you waive the penalty for failure to file/late filing to Salt Shaker, Inc., with this reinstatement, for the following reasons.

I moved from 610 Island Way in December of 2001 and the Post Office did not forward the Tax Forms to me. In addition, the Mailing Address for the Corporation was either filed or recorded incorrectly with the State, and should have been 140 Island Way and not 610 Island Way.

Your consideration in this matter will be appreciated.

Sincerely,



Donald R. Smith,

President

Salt Shaker, Inc.

727-798-4933