

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 25 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (8/05)

02-07

DOCUMENT # P01000078706

1. Corporation Name
SALGARZ Communications, INC

2. Principal Office Address
6800 SW 40ST STE 485

3. Mailing Office Address
6800 SW 40ST

Suite, Apt. #, etc.
485

City & State
MIAMI FL

City & State
MIAMI FL

Zip 33155 **Country** DADE

Zip 33155 **Country** DADE

4. Date Incorporated or Qualified To Do Business in Florida 8/09/2001

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee/required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name MARCELO SALGADO WILLIAMS

Street Address (P.O. Box Number is Not Acceptable) 6800 SW 40 ST.

Suite, Apt. #, Etc. 485

City MIAMI

State FL **Zip Code** 33155

700086689837
01/30/07--01028--005 **500.00

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 CARLOS A. SALGADO GARCIA **Date** 1/23/07

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
Pres	CARLOS A. SALGADO GARCIA	6800 SW 40 ST STE 485	MIAMI FL 33155
VicePres	MARCELO SALGADO WILLIAMS	6800 SW 40 ST STE 485	MIAMI FL 33155

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01/30/07 01028 006 **400.00

K. ECKH. JAN 20 2007

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: CARLOS A SALGADO GARCIA **Date** 1/23/07

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

AR Notices Returned by USPS