

**CORPORATION  
REINSTATEMENT**



FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# REINSTATEMENT

02-07

8/09/2001

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

**\$8.75 Additional Fee required for a Certificate of Status**

MARCELO SALGADO WILLIAMS

6800 SW 40 ST.

485

11/5/11

FL

3215

3215

Carlos A. Salcedo (24.12)

1/23/07

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

Vicaps Marcelo Solgado Williams 6800 SW 40th St 485 Miami FL 33155

700086689837

~~01/30/07 01020 006 \*\*400.00~~

K. Eckel JAN 25 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:**

Roslos A So [unclear] Gprev

1/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

AR Notices Returned by USPO