

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119135

1. Corporation Name

SAL G. ENTERPRISES INC.

Principal Place of Business

2800 SOUTH OCEAN BLVD., APT. 17-D
BOCA RATON FL 33432

Mailing Address

2800 SOUTH OCEAN BLVD., APT. 17-D
BOCA RATON FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/2001

5. FEI Number

65-1159868

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

D
GARASCIO, SALVATORE
GUARASCIO

2

600 SW NATURA BLVD, APT 105
2800 So. Ocean Blvd
Apt. 17-D

3

DEERFIELD BEACH FL 33441
Boca Raton, FL 33432

400009022844

11/15/02--01055--008 **150.00

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.

941 4 ST 200

MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Nov. 8, 2002

11. 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:

Salvatore Guarascio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 8, 2002 (361) 750-8411

Date

Daytime Phone #

CR2E040 (8/02)

Nov. 8, 2002

Division of Corporation,

I, Salvatore Guarascio, did not receive my renewal due to the wrong address on report.

I called previously and was sent this Application for Reinstatement and was told that I only had to pay the \$150.00 for reinstatement.

Sal G. Enterprises, Inc.
Salvatore Guarascio