

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP 21 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000028141**

1. Corporation Name

SALVD ENTERPRISES, INC.

2. Principal Office Address

8 MEADOW RUE COURT

Suite, Apt. #, etc.

3. Mailing Office Address

8 MEADOW RUE COURT

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL. 33936

City & State

LEHIGH ACRES, FL 33936

Zip

33936

Country

LEE

Zip

33936

Country

LEE

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/14/2002

5. FEI Number

01-0646030

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

SALVATORE CANTALI

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

9245 ESTERO RIVER CIRCLE

Suite, Apt. #, Etc.

City

ESTERO

State

FL

Zip Code

33928

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 **9/14/2004**

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.	SALVATORE CANTALI	9245 ESTERO RIVER CIRCLE	ESTERO, FL. 33928

300041207363
09/21/04--01034--004 **900.00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/2004 239-289-0837
Date Daytime Phone #

CR2E081 (01/04)