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APPLICATION FLORIDA DEPARTMENT OF STATE

FOR Secretary of State
REINSTATEMENT DIVISION OF CORPORATIONS

OL MAR 11 AM 11: 24

SECRETARY OF STATE
IALLAHASSEE FLORIDA

DOCUMENT # P020000036906 1. Corporation Name

William A. Salgado P.A.

### State of Plasmes 3. Date Incorporated or Qualified 4/3/2002 4 FER Number	William A. Saigado F.A.								REMISTATEMEN	07-0	
Applied For	Principal Place of Business			Mailing Address					E CONTROL AND		
2. Principal Place of Business 21, 12000 Biscayne Boulevard 22, Suite 104 23, Suite 104 25, Suite 104 27, Suite 104 27, Suite 104 28, North Maimi FL 28, North Maimi FL 28, North Maimi FL 28, North Maimi FL 29, Suite 104 29, Suite 104 21, Suite 104 22, Suite 104 21, Suite 104 22, Suite 104 23, North Maimi FL 28, North Maimi FL 28, North Maimi FL 29, Suite 104 21, Suite 104 22, Suite 104 23, Suite 104 24, Suite 104 25, MAMI-DADE 26, Suite 104 27, Suite 104 28, North Maimi FL 28, North Maimi FL 29, Suite 104 29, Suite 104 20, MAM-DADE 21, Suite 104 21, Suite 104 21, Suite 104 21, Suite 104 22, Suite 104 21, Suite 104 22, Suite 104 21, Suite 104 22, Suite 104 22, Suite 104 23, Suite 104 24, Suite 104 25, MAM-DADE 26, Suite 104 27, Suite 104 28, Suite 104 29, Suite 104 20, MAM-DADE 20, Suite 104 20, MAM-DADE 21, Suite 104 21, Nume and Address of Current Registered Agent 21, Nume and Address of Now Registered Agent 22, Suite 104 22, Suite 104 23, Suite 104 24, Suite 104 25, Suite 104 26, Suite 104 27, Suite 104 28, Suite 104 29, Suite 104 20, Suite 104 21, Nume and Address of Now Registered Agent 21, Nume and Address of Now Registered Agent 21, Suite 104 21, Suite 104 22, Suite 104 22, Suite 104 22, Suite 104 22, Suite 104 21, Suite 1									3. Date Incorporated or Qualified 3a. Date of	Last Report	
12000 Biscayne Boulevard 26 12000 Biscayne Boulevard 75-30\$1340 Not Applicable									' '	•	
Suite, Apt. #, ec. 22] Suite 104 Suite, Apt. #, ec. 22] Suite 104	2. Principal Place of	2a. N	2a. Mailing Address					4. FEI Number	Applied For		
22 Suite 104	12000 Biscayne Boulevard			26 12000 Biscayne Boulevard					75-3051340	Not Applicable	
Succession Procession Pro	Suite, Apt. #, etc.			Suite, Apt. #, etc.					S8.75	Additional	
North Miami FL 28 North Miami FL County 2/p Added to Fees				 * '					Fee Re	quired	
County Zip MAMI-DADE Zip 33181 Zip MAMI-DADE Zip Z								يمنينت.			
24 33181 25 MIAMI-DADE 29 33181 30 MIAMI-DADE 199.032, Florida Statutes Ves No 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Corporate Creations Network Inc. 13. Name Corporate Creations Network Inc. 14. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Hereby accept the applications of Sections 607.0505, Florida Statutes. 15. Name and Address Of Den Number is Not Acceptable) 16. Plan Beach Gardens 17. Plan Beach Gardens 18. Name Corporate Creations Network Inc. 18. Name Corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 18. Name Corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 18. Name Corporation submits in submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 19. Name Corporation submits instruction in submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 10. Note Registered Agent sensitive required when centraling) 10. DATE 11. TITLE 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. NAME 13. TITLE 13. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CI	23										
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Corporate Creations Network Inc. 941 Fourth Street #200 Mismi Beach, FL 33139 83 84 City Palm Beach Gardens FL 85 [33410] 11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, young or printed amount of registered gent and title of applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17TILE 1. 17TILE 1. 2. INTILE 1. 3. STREET ADDRESS 1. 4. CITY-ST-ZIP 1. 2. INTILE 2. 2. INAME 3. 3. STREET ADDRESS 2. 2. INAME 3. 3. STREET ADDRESS 2. 2. INTILE 3. 3. STREET ADDRESS 2. 2. INTILE 3. 3. STREET ADDRESS 2. STREET ADDRESS 3. STREET A	9. Name and Address of Current Registered Agent								. Name and Address of New Registered Agent		
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Statutes. 1	Composite Creations Naturals Inc					81		Creations Network Inc.			
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11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes. SIGNATURE Corporation C						84					
registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIONATURE Signalure, typed or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required when reinstating) DATE	11 Duranet to the provisions of Sections 607 1509 Floride Statutes the above						'				
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP Change Addition A	registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am										
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Block 12 or Block 13, or of attackers with an addition william A. Salgado, D

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-1-09

Daytime Phone

March 8, 2004

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re: William A. Salgado, P.A. (the "Corporation")

To whom it may concern:

In connection with the above referenced Corporation, enclosed herein are (i) the Uniform Business Report and (ii) a check in the amount of \$300.00 payable to the Florida Department of State.

We never received the Uniform Business Report for the 2003 year that should have been sent to us. Please waive the late filing fee and treat the Corporation as never being administratively dissolved.

Thank you for your prompt attention to this matter.

William A. Salgado, Director