

H02000071986

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03-04

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P020000036906  
1. Corporation Name  
**William A. Salgado P.A.**

Principal Place of Business	Mailing Address
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3. Date Incorporated or Qualified 4/3/2002	3a. Date of Last Report
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2. Principal Place of Business 21 12000 Biscayne Boulevard	2a. Mailing Address 26 12000 Biscayne Boulevard
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4. FEI Number 75-3051340	Applied For Not Applicable
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Suite, Apt. #, etc. 22 Suite 104	Suite, Apt. #, etc. 27 Suite 104
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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City & State 23 North Miami FL	City & State 28 North Miami FL
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Zip 24 33181	County 25 MIAMI-DADE	Zip 29 33181	County 30 MIAMI-DADE
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
Corporate Creations Network Inc. 941 Fourth Street #200 Miami Beach, FL 33139	

10. Name and Address of New Registered Agent	
81 Name Corporate Creations Network Inc.	
82 Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E	
83	
84 City Palm Beach Gardens	85 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPSV William A. Salgado 12000 Biscayne Boulevard, Ste. 104 North Miami, FL 33181 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on attachment with an address.

**SIGNATURE** \_\_\_\_\_ William A. Salgado, D  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-1-04 Daytime Phone #

H02000071986

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.

By:

  
William A. Salgado, Director