

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC 20 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000106602

1. Corporation Name

SALUD Y ENERGIA HUMANA, CORP

5495 NW 171 TERRACE

5495 NW 171 TERRACE

2. Principal Office Address

5495 NW 171 TERRACE

3. Mailing Office Address

5495 NW 171 TERRACE

Suite, Apt. #, etc.

OPA LOCKA

Suite, Apt. #, etc.

OPA LOCKA

City & State

FLORIDA

City & State

FLORIDA

Zip

33055

Country

USA

Zip

33055

Country

USA

000043538350

12/20/04--01071--012 **300.00

REINSTATEMENT

03-04

4. Date Incorporated or Qualified

To Do Business in Florida 10/02/2002

5. FEI Number

75-3083180

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS M RUIZ

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

5495 NW 171 TERRACE

Suite, Apt. #, Etc.

City

OPA LOCKA

State

FL

Zip Code

33055

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

Date 11/15/2004

REGISTERED AGENT MUST SIGN

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
P/TRE/	LUIS M RUIZ	5495 NW 171 TERRACE	OPA LOCKA, FL 33055
DIREC	LUIS D RUIZ	5495 NW 171 TERRACE	OPA LOCKA, FL 33055

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2004

Date

305-775-2922

Daytime Phone #

CR2E081 (01/04)

2012
FILED

04 DEC 20 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miami Noviembre 15, 2004

Florida Department of State
Corporation Reinstatement Department
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**Ref.: Request for waving the late fees on the filling of the Corporation
Annual Reports of "Salud y Energia Humana, Corp", Doc. No:
P02000106602 for the years 2003 and 2004.**

Dear Madan or Gentleman:

We are requesting the waving of the above mentioned late fee do to the fact that we never received the Annual Report Notification Renewal for the above mentioned years.

Please, We would appreciate very much in removing or waving the above late fee because we do not deserve it and change the status of our corporation to an Active Corporation.

Once Again thank you much.


**Luis M Ruiz
President**

**5495 NW 171 Terrace
Opa Locka, FL 33055**

P.S. Please, see attached documents.