

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000113636

Entity Name: SALONE CORP

FILED
Oct 05, 2006
Secretary of State

Current Principal Place of Business:

31491 CHIPMAN AVE.
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 495548
PORT CHARLOTTE, FL 33949 US

New Mailing Address:

FEI Number: 54-2080851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATE, JAMES J
2380 AQUI ESTA DR.
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES J CATE

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SALONE, PAUL J
Address: 21491 CHIPMAN AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: VPTD () Delete
Name: CATE, JAMES
Address: 2380 AQUIESTA DR.
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J SALONE

PSD

10/05/2006

Electronic Signature of Signing Officer or Director

Date