


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

07 MAR -5 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT #** P03000043928

1. Corporation Name

Salvatore of New York Inc.

2. Principal Office Address

2325 E Mall Drive

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33901

Country

USA

3. Mailing Office Address

2325 E Mall Drive

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33901

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/2003

5. FEI Number

06-1691009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$2.75 Additional Fee required
for a Certificate of Status**REINSTATEMENT**

7. Name and Address of Current Registered Agent

Name

Viviana Szaliga

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

2325 E Mall Drive

Suite, Apt. #, Etc.

City

Fort Myers

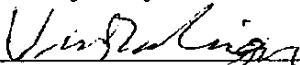
State

FL

Zip Code

33901

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

2/24/07

REGISTERED AGENT MUST SIGN Viviana Szaliga

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
Director	Viviana Szaliga	2325 E Mall Drive	Fort Myers, Florida 33901
President	Viviana Szaliga	2325 E Mall Drive	Fort Myers, Florida 33901
Vice-President	Viviana Szaliga	2325 E Mall Drive	Fort Myers, Florida 33901
Secretary	Viviana Szaliga	2325 E Mall Drive	Fort Myers, Florida 33901
Treasurer	Viviana Szaliga	2325 E Mall Drive	Fort Myers, Florida 33901

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)(f), 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:



Viviana Szaliga, President

2/24/07

239-281-7896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H070000576442

TOTAL P.02

B. Mitchell

MAR 5 2007

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

SALVATORE OF NEW YORK INC.

Certificate of Status	0
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