

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000070539

1. Entity Name
SALVOX, INC.



FILED

08 JUN 24 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



06172008 REIN-P CR2E098 (1/07)

4. FEI Number
54-2115625

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Principal Place of Business
**2499 GLADES ROAD
SUITE 305A
BOCA RATON, FL 33431**

Mailing Address
**2499 GLADES ROAD
SUITE 305A
BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent
**MILLER, JOHN P
2499 GLADES ROAD
SUITE 305A
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **JOHN P. MILLER** **6/17/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVD SWISTAK, MARK 2499 GLADES ROAD #305A BOCA RATON, FL 33431 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700132073307 07/02/08--01013--013 **300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD THORP, RAYMOND 2499 GLADES ROAD #305A BOCA RATON, FL 33431 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **MARK SWISTAK PVD** **6/17/08**
Signature and typed or printed name of signing officer or director Date Daytime Phone #