

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000107045

Entity Name: RUBEN D. SALAZAR, INC.

FILED
Sep 19, 2005
Secretary of State

Current Principal Place of Business:

3949 EVANS AVE #205
FT MYERS, FL 33901

New Principal Place of Business:

2104 NE VAN LOON TER
CAPE CORAL, FL 33909 US

Current Mailing Address:

3949 EVANS AVE #205
FT MYERS, FL 33901

New Mailing Address:

2104 NE VAN LOON TER
CAPE CORAL, FL 33909 US

FEI Number: 51-0484538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALAZAR, RUBEN D
3949 EVANS AVE #205
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SALAZAR, RUBEN D SR
2104 NE VAN LOON TER
CAPE CORAL, FL 33909 US

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: RUBEN D SALAZAR SR

09/19/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALAZAR, RUBEN D
Address: 3949 EVANS AVE #205
City-St-Zip: FT MYERS, FL 33901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SALAZAR, RUBEN D
Address: 2104 NE VAN LOON TER
City-St-Zip: CAPE CORAL, FL 33909 US

Title: V () Change (X) Addition
Name: SALAZAR, RUBEN D SR
Address: 2104 NE VAN LOON TER
City-St-Zip: CAPE CORAL, FL 33909 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUBEN D SALAZAR SR

V

09/19/2005

Electronic Signature of Signing Officer or Director

Date