

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

10/3  
**FILED**  
**Aug 07, 2018 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000107045

1. Corporation Name

**RUBEN D. SALAZAR, INC.**

2. Principal Office Address - No P.O. Box #

1828 SE 7TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1828 SE 7TH ST

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33990

Country

LEE

Zip

33990

Country

LEE

CP20091 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

SEPT 19, 2005

5. FEI Number

51-0484538

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
YES

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RUBEN D. SALAZAR, SR.

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

1828 SE 7TH ST

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33990

400329376174

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

*Ruben D. Salazar, Sr.*

REGISTERED AGENT MUST SIGN

Date AUGUST 1, 2018

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	RUBEN D. SALAZAR, SR.	1828 SE 7TH ST.	CAPE CORAL, FL 33990

10. E-mail Address: RUBENDARIOS@GMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Ruben D. Salazar, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-2018

238-284-5886

Date

Daytime Phone #

2 of 3

CAPE CORAL, FL, August 1, 2018

**FLORIDA DEPARTMENT OF STATE**

**Secretary of State**

**Division of Corporations.**

Attachment to Document #P03000107045

Dear sir or madam, this letter to certify that I just Dissolved **RUBEN D. SALAZAR, PA** (Confirmation #700316617407) and that I have no intention of Revoking such PA and as such I am releasing that name.

Attached please also find Cashier's Check No. 4000793685 in the amount of **\$850.00** in order to Reinstate my old business name **RUBEN D. SALAZAR, INC.** of which I am the Registered Agent.

Thanks for your attention to this letter. Best regards,

**RUBEN D. SALAZAR, SR.**

1828 SE 7<sup>th</sup> St.

Cape Coral, FL 33990

Email: [rubendarios@gmail.com](mailto:rubendarios@gmail.com)

Daytime phone: 239-284-5886

DELIVERED 8-4-2018  
10:00 AM  
JALAHASSEE

CAPE CORAL CENTRAL  
1030 SE 9TH AVE  
CAPE CORAL  
FL  
33990-9998  
1130810422  
08/01/2018 (800)275-8777 12:34 PM

Product Description	Rate	Final Price
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PM 2-Day	1	\$6.70
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Flat Rate Env

(Domestic)

(JALAHASSEE, FL 32311)

(Flat Rate)

(Expected Delivery Date)

(Friday 08/03/2018)

(USPS Tracking #)

9505 5144 0330 8213 4995 35

Insurance	1	\$0.00
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(Up to \$50.00 included)

Total	\$6.70
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Cash	\$7.00
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Change	(\$0.30)
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Includes up to \$50 insurance

Text your tracking number to 28777 (2USPS) to get the latest status.

Standard Message and Data rates may apply. You may also visit [www.usps.com](http://www.usps.com)

USPS tracking or call 1-800-222-1811.

In a hurry? Self-service kiosk for quick and easy check-out. Our Retail Associate can show you how.

Save this receipt as proof of purchase.