## \* 2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT										
DOCUMENT # P04000133763  1. Entity Name SLC SALAZAR, INC.					05	FILEU		,		
Principal Place of Business 263 CAMPBELL RANCH RUN GENEVA, FL 32732		Mailing Address 263 CAMPBELL RANCH RUN GENEVA, FL 32732			STORUT. I LAME THILM HELLIGH A					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10102005	REIN-P	CR2E0	98 (6/04)		
City & State		City & State		4. FEI Numbe	32-012	6996	Ap No	plied For Applicable		
Zip	Country	Zip Cour		try	i	of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent				- Name	7. Name and	Address of New F	Registered A	gent		
SALAZAR, SERGIO										
	PABLO AVE. ERRY, FL 32707			Street Address (P.O. Box Number is Not Acceptable)						
CAGGELD	LNN1, FL 32/0/									
				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 typed or phitod name of registered agent and title if upplytable. (NOTE: Registered Agent alignature required when refinesting)  DATE										
FILE NOW!!! FEE (S \$150.00 After January 1, 2006, Fee will be \$300.00						In accordance corporation did	with s. 607.	193(2)(b), the prior r	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11		
TITLE	PD Delete		TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SALAZAR, SERGIO 263 CAMPBELL RANCH RUN GENEVA, FL 32732			ET ADORESS -ST-ZIP						
TITLE	VD □ Delete		TITLE	l l				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	263 CAMPBELL RANCH RUN			E Et address -st-zip	800060921698 10/25/0501038016 **150.00				ו חח	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	I		THE STATE OF A STATE		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AFTISTATEM	Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E Et address - St-Zip			·	☐ Change	Addition	
12. I hereby	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for the	the exer	mption stated in S	Section 119.07(3)	(i), Florida Statutes.	I further certi	fy that the in	or director	