

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR 20 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05000099123**

1. Corporation Name

**Salido Enterprises, Inc**

**REINSTATEMENT 08-10**

**800176537368**  
04/20/10--01020--009 \*\*450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #  
**2915 West Fern Street**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

Zip

Country

Zip

Country

**33614**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
**20-3142376**

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Bonita R. Pulido**

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

**2915 West Fern Street**

Suite, Apt. #, Etc.

City

**Tampa**

State

**FL**

Zip Code

**33614**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Bonita Rae Pulido*

REGISTERED AGENT MUST SIGN

Date **03/19/2010**

**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
DR	Bonita Rae Pulido	2915 West Fern Street	Tampa, FL 33614
DR	Philip Paul Pulido	2915 West Fern Street	Tampa, FL 33614

10. E-mail Address: **brookscassic@aol.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., 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.

**SIGNATURE:**

*Bonita Rae Pulido*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/2010**

Date

**813 4048264**

Daytime Phone #