

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000042480

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** SALMON'S BARGAIN CENTER INC

**Current Principal Place of Business:**

18 NW 170 STREET  
NORTH MIAMI BCH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

18 NW 170 STREET  
NORTH MIAMI BCH, FL 33169

**New Mailing Address:**

**FEI Number:** 20-8793475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SALMON, JAMES A  
18 NW 170 STREET  
NORTH MIAMI BEACH, FL 33169 US

**Name and Address of New Registered Agent:**

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:** JAMES A SALMON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** SALMON, JAMES A  
**Address:** 18 NW 170 STREET  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33169

**Title:** V  
**Name:** SALMON, EMILY  
**Address:** 18 NW 170TH STREET  
**City-St-Zip:** N. MIAMI BEACH, FL 33169

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES SALMON

PST

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date