

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000046886

Entity Name: SALM INVESTMENTS CORP.

FILED
Oct 10, 2009
Secretary of State

Current Principal Place of Business:

15165 NW 77 AVENUE, STE 1008
MIAMI LAKES, FL 33014

New Principal Place of Business:

15165 NW 77 AVENUE,
SUITE 1006
MIAMI LAKES, FL 33014

Current Mailing Address:

15165 NW 77 AVENUE, STE 1008
MIAMI LAKES, FL 33014

New Mailing Address:

15165 NW 77 AVENUE,
SUITE 1006
MIAMI LAKES, FL 33014

FEI Number: 45-0592200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREJON, LYDIA A
7015 NW 173RD DRIVE
204
MIAMI LAKES, FL 33023 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: LYDIA MOREJON

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: P () Delete
Name: MOREJON, SARAY A
Address: 15165 NW 77 AVENUE, STE 1008
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: SMITH, MYRON L
Address: 15165 NW 77 AVENUE, STE 1008
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MOREJON, LYDIA M
Address: 15165 NW 77TH AVENUE, SUITE 1006
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SARAI A. MOREJON

P

10/10/2009

Electronic Signature of Signing Officer or Director

Date