

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000069653**

1. Corporation Name

**R. T. SALTER FINANCIAL SERVICES, INC.**

Principal Place of Business

**400 NEPTUNE RD.  
JUNO BEACH FL 33408**

Mailing Address

**400 NEPTUNE RD.  
JUNO BEACH FL 33408**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/01/1993**

5. FEI Number

**65-0291147**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>P</b>	<b>SALTER, RICHARD T</b>	<b>400 NEPTUNE RD.</b>	<b>JUNO BEACH FL</b>
			<b>6000004795636--6</b>
			<b>-01/25/02--01020--003</b>
			<b>***150.00 ***150.00</b>

8. Name and Address of Current Registered Agent

**SALTER, RICHARD T  
400 NEPTUNE RD.  
JUNO BEACH FL 33408**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

**1/14/02**

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/14/02 (561) 624-0177**

Daytime Phone #

RTSalter Financial Services, Inc

400 Neptune Rd.

Juno Beach, FL 33408

FL Department of State

Division of Corporations

Tallahassee, FL 32314

Gentlemen,

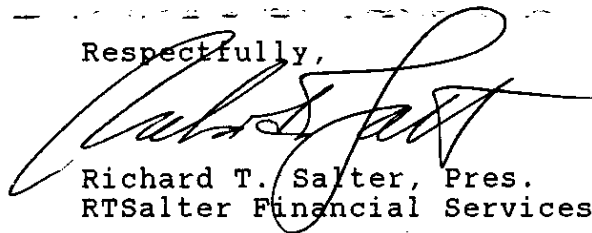
This is to inform you that the original billing notice was either never received, or was lost in the in the hassle of my physical problems. I have had two operations in the past seven months - May 23rd, and December 18th.

I would appreciate your indulgence in this matter, and hope that you will allow the continuance of the firm with the normal fee. You will notice that the deadline has never been missed in the past.

Enclosed please find the fee for the normal renewal.

Your consideration of this request is appreciated.

Respectfully,



Richard T. Salter, Pres.  
RTSalter Financial Services, Inc

1/14/02