

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

pg. 1 of 2

FILED

97 MAY 15 PM 1:30

Head Instructions on Other Side Before Making Entries.
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P94000017990

Salar Enterprises Inc.
11051 S.W. 93 Ave.
Miami, FL 33176

2. If Address in Block 1 is not correct, enter the correct address below:

TALLAHASSEE, FLORIDA

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

REINSTATEMENT 910-97

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida 3/8/94

5. FEI Number 65-0471693

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT/IC	David Sandrow	11051 SW 93 Ave.	Miami, FL 33176

100002179921-7

105-1597

REGISTERED AGENT INFORMATION

B. Name and Address of Current Registered Agent

Corporate Creations Enterprises Inc.
4521 PGA Boulevard, Suite 211
Palm Beach Gardens, FL 33418

9. If changed, new registered agent / office

Name David Sandrow

Street Address (Do NOT Use P.O. Box Number)

11051 SW 93 Ave.

Street Address (Do NOT Use P.O. Box Number)

City Miami

State FL

Zip 33176

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

David Sandrow

REGISTERED AGENT MUST SIGN

Date 5/14/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

David Sandrow

Date 5/14/97

Daytime Phone 305-274-7022

Typed or printed name of signing officer or director

David Sandrow

CR2E040 (8/92)



pg. 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 392763 7129100

AUTHORIZATION :

COST LIMIT : \$ 923.75

Patricia Pizito

ORDER DATE : May 15, 1997

ORDER TIME : 10:13 AM

ORDER NO. : 392763-005

CUSTOMER NO: 7129100

CUSTOMER: Mr. David P. Sandrow
Salar Enterprises Inc.
11051 Southwest 93rd Avenue

Miami, FL 33176

DOMESTIC FILINGS

NAME: SALAR ENTERPRISES INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michael E. Klunk

EXAMINER'S INITIALS

JB
5-16
RECEIVED
97 MAY 15 AM 11:36
DIVISION OF CORPORATION