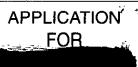
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM





FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P94000053224 DOCUMENT #

1. Corporation Name

SALARY SOLUTIONS INC.

Principal Place of Business

Mailing Address

9836 W. SAMPLE RD. CORAL SPRINGS FL 33065 9836 W. SAMPLE RD. CORAL SPRINGS FL 33065

FILED 02 0CT 25 PM 2: 59 SEGRETARY OF STATE TALLAHASSEE, FLURIDA



					nd enter correction below.				
New Principal Office Address, If Applicable 3. New Mai				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/19/1994			
Suite, Apt. #, etc. Suite, A				, etc.		5. FEI Number		Applied For	
City & State)		City & State			Ţ <u> </u>	65-0508959	Not Applicable	
<u>lip</u>		Country	Zip		Country	— 6. CERTIFICATE	OF STATUS DESIRED 🗆 \$	8.75 Additional Fee require for a Certificate of Status	
'. Names a	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	orida nonprof	it corporations must list at I	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zlp		
DP	ANDREWS, LEWIS E			9836 W. SAMPLE RD.			CORAL SPRINGS FL		
2000 M									
						80 10/25/	00085944 0201066008	198 **150.00	
				00	2430	ł 190			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
ANDREWS, LEWIS E					Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
9836 W. SAMPLE RD. CORAL SPRINGS FL 33065					Suite, Apt. #, Etc.			·····	
i					City		Sta F		
10. I, being		1 1	·		amiliar with and accept the	obligations of Section	on 607.0505, F.S. or 617.05	05, F.S.	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

SALARY SOLUTIONS, INC.

9836 W Sample Road Coral Springs, FL 33065 (954) 752-8130 Fax (954) 752-8199

October 23, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Salary Solutions, Inc Document # P94000053224 FID# 65-0508959

To Whom It May Concern:

We received a Notice of Administrative Dissolution or Revocation on October 23, 2002. Please be aware that we <u>never</u> received the two prior uniform business report notices. We have included the appropriate filing fee of \$150.00, as well as the signed application for reinstatement. Please accept this, as we have never missed a filing since the inception of this corporation.

Thank you in advance for your cooperation.

Sincerely,

Lewis E. Andrews

President 1

Salary Solutions, Inc.