

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

*Page 1 of 2*

APPLICATION  
FOR



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

FILED

02 OCT 25 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053224**

1. Corporation Name

**SALARY SOLUTIONS INC.**

Principal Place of Business

9836 W. SAMPLE RD.  
CORAL SPRINGS FL 33065

Mailing Address

9836 W. SAMPLE RD.  
CORAL SPRINGS FL 33065



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

07/19/1994

5. FEI Number

65-0508959

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	ANDREWS, LEWIS E	9836 W. SAMPLE RD.	CORAL SPRINGS FL

8000008594498

10/25/02--01066--008 \*\*150.00

*02 432 100*

8. Name and Address of Current Registered Agent

ANDREWS, LEWIS E  
9836 W. SAMPLE RD.  
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

*10/26/02*

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/26/02*

Date

*954752 F130*

Daytime Phone #

**SALARY SOLUTIONS, INC**

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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 never 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,



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Lewis E. Andrews  
President  
Salary Solutions, Inc.