


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 1:42

DOCUMENT # P95000032895

1. Corporation Name

Salcons, Inc.

Principal Place of Business

Mailing Address

10911 Bonita Beach Rd. Ste 208-1
Bonita Springs, FL 34135

same

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

10911 Bonita Beach Rd.

10911 Bonita Beach Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

208-1

208-1

Bonita Springs, FL

Bonita Springs, FL

34135

US

34135

US

4. Date Incorporated or Qualified To Do Business in Florida

4-24-95

5. FEI Number

65-0576707

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Lorin, Sten A	10911 Bonita Beach Rd. #208	Bonita Springs, FL 34135
D	Lorin, Maiken KE	10911 Bonita Beach Rd. #208	Bonita Springs, FL 34135

000004726780--2
-12/14/01--01047--029
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Wesley

Date

REGISTERED AGENT MUST SIGN

11. 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.)

12. 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:

Wesley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Ocetime Phone #

CR2E040 (12/96)

hensley & company pa

10911 Bonita Beach Road #208
Bonita Springs, Florida 34135
941/992-6060
Fax 941/992-9506
email: karey@hensley-co.net

Friday, December 07, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Salcons, Inc.
10911 Bonita Beach Road
Suite 208-1
Bonita Springs, FL 34135

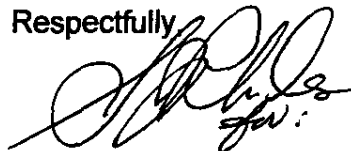
FEI: #65-0576707
DOC. # P9000032895

Dear Sirs:

Please find my client's Uniform Business Report check for \$150.00. The Lorin's changed the Corporate name and filed an amendment to the Articles of Incorporation. The amendment was returned but they never received the uniform business report. The Lorin's spend a great deal of time out of the country and were not notified of the filing date. Please waive penalty and clear their account.

Thank you,

Respectfully

A handwritten signature in black ink, appearing to read "K. Hensley", is written over the word "Respectfully".

Hensley & Company PA