

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 OCT 29 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **995000091127**

1. Corporation Name

SALTILLO PROPERTIES, INC.

2. Principal Office Address

10209 NW 56 Street

Suite, Apt. #, etc.

City & State

Miami, FL 33178

Zip

33178

Country

USA

3. Mailing Office Address

10209 NW 56 Street

Suite, Apt. #, etc.

City & State

Miami, FL 33178

Zip

33178

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11-27-1995

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL CHINEN

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

10209 NW 56 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33178

100008640081
10/29/02--01010--011 **160.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	PAUL CHINEN	10209 NW 56 Street	Miami, FL 33178

10. 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:

PAUL CHINEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/02

Date

305-471-5970

Daytime Phone #

CR2E081 (9/01)