

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 23 PM 12:19

DOCUMENT # P98000102768

1. Corporation Name

SALSA'S INC.

2. Principal Office Address

715 N.DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34997

Country

US

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1998

5. FEI Number

650880103

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

SUAREZ, FELIPE A.

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

715 N.DIXIE HWY

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

200018459062

05/07/03--01087--005 **\$00.00

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

Date 3/10/2003

REGISTERED AGENT MUST SIGN

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
D	FELIPE SUAREZ	715 N.DIXIE HWY	STUART, FL 34997
D	AARON SUAREZ	715 N.DIXIE HWY	STUART, FL 34997
D	BELLA ACOSTA	715 N.DIXIE HWY	STUART, FL 34997

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:

FELIPE SUAREZ 3/10/03 (772-692-3942)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


SALSA'S INC

Zalt
715 N Federal Hwy
Stuart, FL 34997

March 3, 2003

DEPT of STATE
DIVISION of CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

TO whom it may concern:

We recently became aware that our corporation had been dissolved on 10/4/02. Prior to this we had gone to an attorney to make changes to the business and found it was dissolved. We haven't received any notices about this so we now kindly ask that you accept our filing fee for the prior year and for this year also. We thank you for your time and consideration in this matter.

FS/rba
enclosure/ (1) check
(1) corporation reinstatement

Sincerely,
Mr. Felipe Suarez/D/CEO

