

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

FILED

01 JAN 18 AM 10:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000005203**

1. Corporation Name

SALTEL, INC.

Principal Place of Business

Mailing Address

14015 WOLCOTT DR.
 TAMPA FL 33624

14015 WOLCOTT DR.
 TAMPA FL 33624



REINSTATEMENT

0001

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		4. Date Incorporated or Qualified To Do Business in Florida	
				01/19/1999	
Suite, Apt. #, etc.		Suite, Apt. #: etc.		5. FEI Number	
				59-355 9720	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Karen B Clark	14015 Wolcott Dr	Tampa, FL 33624
V.P.	Karen B Clark	"	"
Sec.	Karen B Clark	"	"
Treas.	Karen B Clark	"	"
			600003576626-4 -01/26/01--01059--020 ****750.00 ****750.00
			600003576626-4 -01/26/01--01059--021 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MILLER, RANDELL M
 315 S. HYDE PARK AVE.
 TAMPA FL 33606

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: Randell M Miller Date: 1-9-01
 REGISTERED AGENT MUST SIGN

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: Karen B Clark Date: 11-14-00 Daytime Phone #: 813-221-5888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
813 962 4233

CR2ED40 (8/00)