

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 26 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000034915

1. Corporation Name

S.L.M. Enterprise of USA Inc.

2. Principal Office Address

2097 SW 45 Court # 16

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33315

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/16/1999

5. FEI Number

650911665

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

Steve RANCOURT

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

2097 SW 45 Court # 16

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33315

000025065820

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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

17 Nov 2003

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------------|
| P.S.T. | Steve RANCOURT | 2097 SW 45 Court # 16 | Fort Lauderdale FL 33315 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Nov 2003

Date

Daytime Phone #

CR2E081 (10/02)

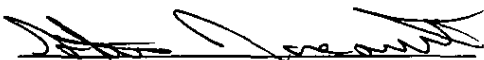
S.L.M. Enterprise of USA Inc.

AFFIDAVIT

I, the undersigned, solemnly affirm that:

1. I am the president of President of S.L.M. ENTERPRISE OF USA INC.;
2. I never received, by mail or otherwise, the Uniform Business Report for the years 2002 and 2003;
3. Not having received the UBR, I was not able to complete and return it to the Florida Department of State / Division of corporation within the delays fixed by the Law;
4. Please find enclosed the requested Uniform Business Report as well as a payment of \$ 300 (i.e. \$ 150.00 for 2002 and \$ 150.00 for 2003) ;

Signed in Kailua-Kona, HI this 17th day of November 2003



Steve Rancourt
President
S.L.M. Enterprise of USA Inc.

Duly sworn before me in Kailua-Kona, HI this 17th day of
November 2003



Notary Public / Commissioner of Oath
Commission Expires : 10/6/06

