APR-08 97 (TUE) 11:56 CSC P. 002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 93-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 MAY -9 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V45860

1 Corporation Name

Salad Extraoridinare, Inc.

Principal Place of Business

533 N. Nova Road
Suite 115
Ormond Beach, Florida 32324

Mailing Address

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	
932 Sabalwood Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Port Orange, Florida		City & State	
Zip: 32127	Country: USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/22/1992

5. FEI Number: 59-3127450 ☐ Applied For ☐ Not Applicable

8. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	David Wolf	932 Sabalwood Court	Port Orange, FL 32127

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-05/16/97--01106--013
****1418.75 ****1418.75

REINSTATEMENT 93-97

[signature]
5/9/97

8. Name and Address of Current Registered Agent

Joseph P. Clark, Sr.
533 N. Nova Road
Suite 115
Ormond Beach, Florida 32174

9. Name and Address of New Registered Agent

Name: David Wolf
Street Address (P.O. Box Number is Not Acceptable): 932 Sabalwood Court
Suite, Apt. #, Etc.
City: Port Orange State: FL Zip Code: 32127

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: David J. Wolf REGISTERED AGENT MUST SIGN Date: 5/2/97

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 of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617 F.S. I further certify that after 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: David J. Wolf 5/2/97 (904) 672-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #