


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H40153 1. Entity Name KIM'S SALVAGE, INC.	
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FILED
 07 MAY 31 PM 3:29
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 5357 N. U.S. 1 FT. PIERCE, FL 34946	Mailing Address 5357 N. U.S. 1 FT. PIERCE, FL 34946
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number 59-2629375
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6. Name and Address of Current Registered Agent KEE KIM, BONG 5357 N. U.S. 1 FT. PIERCE, FL 34946		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEE KIM, BONG			NAME	<i>STG/b</i>		
STREET ADDRESS	1908 ZEPHYR AVE			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34982			CITY-ST-ZIP			
TITLE	Kum Sook Kim	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1908 zephyr Ave			NAME			
STREET ADDRESS	Fort PIERCE, FL 34982			STREET ADDRESS	900104256289		
CITY-ST-ZIP				CITY-ST-ZIP	05/12/07--01011--008 ***308.75		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 5-28-07 (792)318-9662

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