

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 AUG 20 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 398651

**1. Corporation Name**

T&M SALVAGE, INC.  
1815 E. STATE ROAD 540A  
LAKELAND, FL 33813

**2. Principal Office Address**

1815 E. STATE RD. 540A

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

Zip

33813

Country

USA

Zip

Country

REINSTATEMENT 02-03

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

04/04/1972

**5. FEI Number**

591404663

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

VIRGINIA L. MOCK

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

1815 E. STATE ROAD 540A

800022444918

08/20/03--01036--003 \*\*\*100.00

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33813

**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

*Virginia Mock*

REGISTERED AGENT MUST SIGN

Date 8-8-03

**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/T/S/D	VIRGINIA L. MOCK	1815 E. STATE ROAD 540A	LAKELAND, FL 33813

**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:

*Virginia Mock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-03 (863)646-2422

Date

Daytime Phone #

7/8/20

CR2E081 (10/02)