

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 18 AM 10:42

DOCUMENT # **484557**

1. Corporation Name

**M. SALVI, INC.**

Principal Place of Business

700 NORTH 62ND AVE  
HOLLYWOOD FL 33024  
US

Mailing Address

700 NORTH 62ND AVE  
HOLLYWOOD FL 33024  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1975

5. FEI Number

11-1764824

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
DPS	SALVI, MARIO	2728 NE 24 STR	LIGHTHOUSE PT FL
VT	SALVI, PHILIP A	8660 NW 56 STR	CORAL SPGS FL
			300003280653--8 -06/08/00--01003--017 ****158.75 ****158.75
			300003280653--8 -06/08/00--01003--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SALVI, MARIO  
2728 NE 24 STR  
LIGHTHOUSE PT FL 33064

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

4/27/00

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/00

Daytime Phone #

CR2E040 (8/99)