

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN -3 PM 3:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **648716**

1. Corporation Name  
**TONY & SON'S SALVAGE, INC.**

Principal Place of Business 12 MARTIN ROAD S. LAKE WALES FL 33853	Mailing Address 12 MARTIN ROAD S. LAKE WALES FL 33853
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**REINSTATEMENT**

*QA*

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

4. Date Incorporated or Qualified To Do Business in Florida	12/18/1979
5. FEI Number	59-1963975
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED I	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	MOSCHETTO, ANTHONY M.	12 MARTIN ROAD S.	LAKE WALES FL 33853
			400003095374--5 -01/12/00--01005--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MOSCHETTO, ANTHONY M. 12 MARTIN ROAD S. LAKE WALES FL 33853	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 *Anthony Moschetto* **SIGNATURE REQUIRED** Date 12-29-99  
 REGISTERED AGENT MUST SIGN

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Anthony Moschetto* **SIGNATURE REQUIRED** Date 12-29-99 863-293-1885 Daytime Phone #  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Anthony Moschetto

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