

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 21 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

TONY & SONS SALVAGE, INC.

648716

2. Principal Office Address

12 MARTIN RD., S.

Suite, Apt. #, etc.

City & State

LAKE WALES, FL.

Zip

Country

33853

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

12/20/1979

5. FEI Number

59-1963975

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

800016233318
04/18/03--01014--013 **750.00

7. Name and Address of Current Registered Agent

Name

ANTHONY MOSCHETTO

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

1300 TINDLE CAMP ROAD

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL

Zip Code

33853

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

Anthony Moschetto

Date

4-10-03

REGISTERED AGENT MUST SIGN

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
PRES.	ANTHONY MOSCHETTO	1300 TINDLE CAMP RD.	LAKE WALES, FL. 33853

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:

Anthony Moschetto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-03

Daytime Phone #

CR2E081 (10/02)

TONY & SONS SALVAGE, INC.
12 MARTIN RD. SOUTH
LAKE WALES, FL 33853

TO: FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE

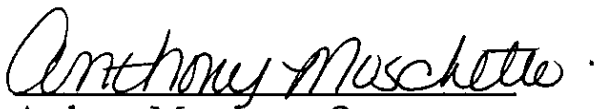
RE: CORPORATION REINSTATEMENT

DATE: March 7, 2003

We did not receive our annually corporation renewal notice, therefore we did not pay our fee.

Enclosed is the reinstatement form, and a check for \$ 450.00.

Sincerely,


Anthony Moschetto, Owner