

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 818558

1. Corporation Name
CLEVELAND WRECKING COMPANY

Principal Place of Business Mailing Address
900 WILSHIRE BLVD., STE. 1520
LOS ANGELES, CA 90017-4716

REINSTATEMENT 98-00

If above addresses are incorrect in any way line through incorrect information and enter correction below.

| | | | | | |
|---|---------|--|---------|---|--|
| 2. New Principal Office Address, If Applicable Above | | 3. New Mailing Address, If Applicable Above | | 4. Date Incorporated or Qualified To Do Business in Florida 03/11/1965 | |
| Suits, Apt. #, etc. | | Suits, Apt. #, etc. | | 5. FEI Number 31-0244320 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | |

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 (Do NOT Use Post Office Box Numbers) | 4 City/State/Zip |
|------------|-------------------------------------|---|----------------------|
| C/D | FENNING, WILLIAM M. | 900 WILSHIRE BLVD., #1520 | LOS ANGELES CA 90017 |
| P/D | KISSEL, JEFFREY M. | 900 WILSHIRE BLVD., #1520 | LOS ANGELES CA 90017 |
| V/D | MORGAN, DAVID T. | 900 WILSHIRE BLVD., #1520 | LOS ANGELES CA 90017 |
| S | AHEARN, NANCY | 900 WILSHIRE BLVD., #1520 | LOS ANGELES CA 90017 |

600003161736-2
-03/08/00--01036--00
***1050.00 ***1050.00

| | | | |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600003161736-2 Suits, Apt. #, Etc. -03/08/00--01036--00 City State Zip Code *****8 75 *****8 75 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 Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY Date 2/24/2000
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3) (A), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(3)(A) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Jeffrey M. Kissel Jeffrey M. Kissel, President 2/23/00 (213) 624-8151
SIGNATURE MUST BE TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE