

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H40153

1. Entity Name
KIM'S SALVAGE, INC.



Principal Place of Business
**5357 N. U.S. 1
FT. PIERCE, FL 34946**

Mailing Address
**5357 N. U.S. 1
FT. PIERCE, FL 34946**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11092008 REIN-P CR2E098 (1/07)

4. FEI Number
59-2629375

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KEE KIM, BONG
5357 N. U.S. 1
FT. PIERCE, FL 34946**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KIM, BONG KEE**
STREET ADDRESS **1908 ZEPHYR AVE**
CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE **D** ☐ Delete
NAME **KIM, KUM SOOK**
STREET ADDRESS **1908 ZEPHYR AVE**
CITY-ST-ZIP **FT. PIERCE, FL 34982**

TITLE **DS** ☐ Delete
NAME **KIM, MIN SUIL**
STREET ADDRESS **1908 ZEPHYR AVE**
CITY-ST-ZIP **FT PIERCE, FL 32982**

TITLE **DS** ☐ Delete
NAME **KIM, YEUN JAE**
STREET ADDRESS **1908 ZEPHYR AVE**
CITY-ST-ZIP **FT PIERCE, FL 32982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**300137927983
11/14/08--01043--023 **150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
03 NOV 14 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

