

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE		FILED	
DOCUMENT # L01000015119		02 NOV 15 PM 2:24			
1. Limited Liability Company's Name Salvage Depot, LLC		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Office Address 1807 Pine Hill Dr		3. Mailing Office Address		4. State/Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 9/4/01	
City & State Safety Harbor FL		City & State		6. FEI Number 593743514	
Zip 34695	Country USA	Zip	Country	Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Christine Greenberg					
Street Address (P.O. Box Number is Not Acceptable) 1807 Pine Hill Drive					
Suite, Apt. #, Etc. Safety Harbor					
City Safety Harbor					
State FL					
Zip Code 34695					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent Christine Greenberg					
Date					
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles					
Name of Managing Members/Managers					
Street Address of Each Managing Member/Manager					
City / State / Zip					
MGR MICHAEL Greenberg					
1807 Pine Hill Drive					
Safety Harbor FL					
34695					
Safety Harbor FL					
34695					
11/15/02--01092--003 **150.00					
7000009033547					
11/15/02--01092--003 **150.00					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager					
Date 11/4/02					
Daytime Phone # 727 423 4112					
Typed or printed name of signing Managing Member/Manager					

CR2E041 (9/01)