
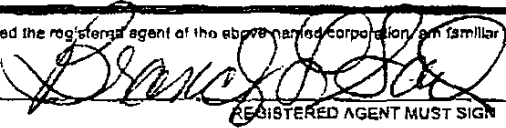
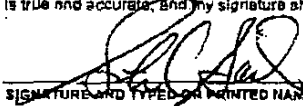


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 OCT 19 PM 3:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # M17941					
1. Corporation Name SAILERS AUTO SALVAGE, INC.					
2. Principal Office Address 920 NW 179 AVE Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 10/03/05 CR26081 (8/05) 01064 0071,573.25	
City & State PEMBROKE PINES, FL		City & State		5. FEI Number 592781505	
Zip 33029	Country USA	Zip	Country	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name BRANDY L. SAILER					
Street Address (P.O. Box Number is Not Acceptable) 920 NW 179 AVENUE					
Suite, Apt. #, Etc.					
City PEMBROKE PINES				State FL	Zip Code 33029
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  Date 10/1/05 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	
P	STEVEN SAILER	920 NW 179 AVE		PEMBROKE PINES, FL 33029	
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)(b), 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:  9/30/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

September 30, 2005

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Reinstatement Penalties for the Reinstatement of Sailer's Auto Salvage,  
Inc.


Dear Sir/Madam:

With respect to the above mentioned corporation reinstatement and due to the fact that I was not notified nor received a reinstatement card for re-filing in 1996, please accept this letter as my request that the penalties for reinstatement be waived.

Enclosed please find my application and check in the amount of \$1,573.75 representing the cost of the Reinstatement of Sailer's Auto Salvage, Inc. \$1,565.00 and \$8.75 for the Certificate of Status.

If you have any questions, or require additional information, please feel free to contact me directly at 954-347-1281.

Very truly yours,

  
STEVEN C. SAILER  
Registered Agent for  
Sailer's Auto Salvage