

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 NOV 15 PM 6:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M64500**

1. Corporation Name
AMOS AUTO SALVAGE, INC.

Principal Place of Business 1701 NW 22ND COURT POMPANO BEACH FL 33069	Mailing Address 1701 NW 22ND COURT POMPANO BEACH FL 33069
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/07/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2864991	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	4. City / State / Zip
PD	SHORTZ, LAWRENCE	1701 NW 22ND CT	POMPANO BCH FL 33069
ST	SHORTZ, AMY	540 SW 10TH ST 1701 NW 22 CT	BOCA RATON FL POMPANO BCH FL 33069
			600003052266-2 -11/23/99--01005--004 ***750.00 ***750.00

REINSTATEMENT 99 ITS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SHORTZ, LAWRENCE R. 1701 NW 22ND COURT POMPANO BEACH FL 33069		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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: **W L S L T** Date: **11-10-99**
 REGISTERED AGENT MUST SIGN

11. 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: **W L S L T** Date: **11-10-99** Daytime Phone #: **954 971-2288**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAWRENCE R. SHORTZ, PD.

CR2E(04) (8/99)