

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P00000019652
1. Corporation Name

SALVAGE BROKERS, INC.

Principal Place of Business Mailing Address
7424 S.W. 146TH COURT 7424 S.W. 146TH COURT
MIAMI FL 33183 MIAMI FL 33183

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
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 02/21/2000
5. FEI Number Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Owner Pres	ANTHONY MARTINEZ	7424 SW 146 ct	Mia, FL 33183
Owner V Pres	Marieta J Martinez	7424 SW 146 ct	MIA, FL 33183

8. Name and Address of Current Registered Agent
MARTINEZ, ANTHONY
7424 S.W.-146TH COURT
MIAMI FL 33183
9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
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 ANTHONY MARTINEZ Date Nov 2, 2001
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: ANTHONY MARTINEZ Nov. 2, 2001 3053882157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Salvage Brokers Inc
7424 SW 146 Court
Miami, Florida 33183
305-388-2157 Ph 509-695-5146 Fax

November 2, 2001

Department of State
Division of Corporations
Po BOX 6327
Tallahassee, Florida 32314

Hello,

I recently received the Notice of Administrative Dissolution or Revocation in the mail. I inquired at the Florida Department of State as to the Status and found it to be actual. I searched our records to see if any other original notifications were received earlier in the year and we have none on file.

My wife and me did not receive any thing in the mail either for the Corporation or us personally as to this matter.

I have enclosed the actual payment of \$150 plus the \$8.75 for a Certificate of Status. Please accept our request for a waiver of the fees for this Corporation, after planning for so long little by little we plan to grow despite all the economic factors that challenge us in these changing time.

Regards,
Anthony & Marieta J Martinez
Salvage Brokers Inc.

Handwritten signature and initials