


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 31 AM 10:15


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000030525</b> 1. Entity Name <b>SALVATORE'S, INC.</b>	
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Principal Place of Business <b>8022 LAKE NELLIE RD CLERMONT, FL 34711</b>	Mailing Address <b>8022 LAKE NELLIE RD CLERMONT, FL 34711</b>
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AA

2. Principal Place of Business <b>151 W. Hwy 50</b> Suite, Apt. #, etc. <b>C</b>	3. Mailing Address <b>151 W. Hwy 50</b> Suite, Apt. #, etc.
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REINSTATEMENT

03822003 REIN-P CR2E098 (6/04) WOP

City & State <b>CLERMONT, FL</b>	City & State <b>CLERMONT, FL</b>	4. FEI Number <b>03-0416921</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34711</b>	Country <b>U.S.</b>	Zip <b>34711</b>	Country <b>U.S.</b>

6. Name and Address of Current Registered Agent  <b>OBRIG, ELWOOD M</b> <b>700 ALMOND ST</b> <b>CLERMONT, FL 34711</b>	7. Name and Address of New Registered Agent Name <b>ANTHONY TIRRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>151 W. Hwy 50</b>  City <b>CLERMONT</b>
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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: *Elwood M. Obrig* 3/3/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	TIRRI, JEAN
STREET ADDRESS	8022 LAKE NELLIE RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	ST <input type="checkbox"/> Delete
NAME	TIRRE, ANTHONY
STREET ADDRESS	6024 CR. 561
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800054244478 05/11/05--01009--026 **300.00
CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRRE, ANTHONY
STREET ADDRESS	5660 CR 561
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Anthony Tirre* 3/11/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #