

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031918

1. Corporation Name

DAVIE AUTO SALVAGE, INC.

Principal Place of Business

Mailing Address

4221 S.W. 57TH TERRACE
DAVIE FL 33314

4221 S.W. 57TH TERRACE
DAVIE FL 33314

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

03/21/2002

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)

300023870973

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SAWH, CHANDRA PAUL	4221 S.W. 57TH TERRACE	DAVIE FL 33314
VP	CHRISTOPHER T. POWEBUY	1750 West Hillsboro Blvd	Oak Park Beach FL 33442

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name
CHANDRA PAUL SAWH
Street Address (P.O. Box Number is Not Acceptable)
7999 Pine St Blvd
Suite, Apt. #, Etc.

City
Hollywood FL 33
State
FL
Zip Code
33024

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. or 617.0505, F.S.

Signature of
Registered Agent
REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

10/13/2003

To: Florida Department of State
Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327
From: Davie Auto Salvage, Inc
Document PO2000031918

Waiver of Late Application Fees

Dear Sirs,

We never recieved our renewal notice and were unaware of being late for not recieving our renewal..
Please renew the corporation and waive any and all late fees as we are renewing as soon as we got this
reinstatement notice.

Thank You for all your help and if you have any questions, please do not hesitate to call me anytimeon my
cell phone at 954-907-6035.

Sincerely,



Christopher T. Peneguy, Vice Pres.
Davie Auto Salvage, Inc.