

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000124165

1. Corporation Name

CCB SALVAGE, INC.

2. Principal Office Address

38638 South Avenue

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

33542

Country

U.S.

3. Mailing Office Address

38638 South Avenue

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip

33542

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2003

5. FFL Number

20-0398720

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL J. BERTRAM, JR.

Street Address (P.O. Box Number is Not Acceptable)

38638 South Avenue

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33542

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

Paul J. Bertram Jr Pres.
REGISTERED AGENT MUST SIGN

Date 9/26/2006

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	PAUL J. BERTRAM, JR.	38638 South Avenue	Zephyrhills, FL 33542

500090267395
09/28/06--01048--001 **1500.00

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 contained in Chapter 119, 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

Paul J. Bertram, Jr.

9/26/2006

Date

(813) 363-6798

Daytime Phone #