

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION



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

FILED

02 JAN -9 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 794000002107

1. Corporation Name

CARL F. SALVO INC

2. Principal Office Address

1412 Rupp Lane

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 6757

Suite, Apt. #, etc.

City & State

Lake Worth

City & State

West Palm Beach

Zip

33467

Country

USA

Zip

33405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/94

5. FEI Number

65-0467713

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

01-02 UBR

7. Name and Address of Current Registered Agent

Name

CARL F. SALVO

900004853049-8

02/01/02-01039-028

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

2518 Canterbury Drive North

****308.75 ****308.75

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code

33407

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

Date 1/6/2001

REGISTERED AGENT MUST SIGN

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	CARL F. SALVO	2518 CANTERBURY DR-N	West Palm Beach, FL 33407

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 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:

(CARL F. SALVO) 1/6/2001

Date

561-749-3571

Daytime Phone #

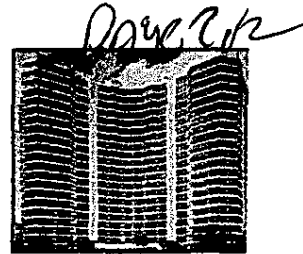
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (9/01)



Carl F. Salvo, Inc.

ALUMINUM SPECIALTIES CONTRACTOR CC#-U18034
ALUMINUM SHUTTER SYSTEMS ASSOCIATION MEMBER #0083
ALUMINUM ASSOCIATION OF PALM BEACH COUNTY
Specializing In Condominiums On The Ocean



GLASS DOORS * ALUMINUM PRODUCTS * SHUTTERS

January 7, 2002

To: Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Reference: Reinstatement

When we realized we had not received our 2002 Corporation Renewal form we checked online only to find that the 2001 form had not been filed and we don't believe that we received the form. As per your instruction during our recent tele/com on January 4th I am enclosing a check in the amount of \$ 308.75 to correct the deficiency. \$ 300.00 as instructed plus another \$ 8.75 for a certificate of status. Thinking that a regular company check might slow the process I am enclosing a bank check so that it might expedite the reinstatement process. Needless to say I thank you for your help last week.

Thanking you in advance I remain,

Sincerely,

Carl F. Salvo, President

PROFESSIONAL, DEPENDABLE SERVICE

Mailing Address: PO Box 6757, West Palm Beach, Fl. 33405
Tel: 561-585-9511, 561-582-9888, Fax: 561-582-0990