PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 AUG 18 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014595

1. Corporation Name COUSIN'S AUTO SALVAGE INC

Principal Place of Business	Mailing Address
101 NW 18TH AVENUE DELRAY BEACH FL 33444	101 NW 18TH AVENUE DELRAY BEACH, FL 33444

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 2-22-94

5. FEI Number 65-0475223 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	LAWRENCE PRECIPIO	101 NW 18TH AVENUE	DELRAY BEACH FL 33444
			300002272633--2 -08/20/97--01096--007 ****915.00 ****915.00

REINSTATEMENT 96-97

D. Alan 8/18/97

8. Name and Address of Current Registered Agent

LAWRENCE PRECIPIO
4956 LE CHALET BLVD
BOYNTON BEACH, FL 33437

9. Name and Address of New Registered Agent

Name LAWRENCE PRECIPIO
Street Address (P.O. Box Number is Not Acceptable) 101 NW 18TH AVENUE
Suite, Apt. #, Etc.
City DELRAY BEACH State FL Zip Code 33444

CR2E040 (12/96)

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 Lawrence Precipio Date 8/15/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Lawrence Precipio 8/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #