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05 JAN 31 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  05 JAN 31 PM 1:54  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P94000014595</b>					
<b>1. Corporation Name</b>  TRI-COUNTY AUTO SALVAGE INC.					
<b>2. Principal Office Address</b> 101 NW 18th AVE  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> C/O BLAKESBERG & CO CPAS 951 SW 4th AVE  Suite, Apt. #, etc.		<b>REINSTATEMENT</b>  03.05	
City & State <b>DELRAY BEACH FL</b>		City & State <b>BOCA RATON FL</b>			
Zip <b>33444</b>	Country <b>USA</b>	Zip <b>33432-5803</b>	Country <b>USA</b>	<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> <b>65-0475223</b>				<b>Applied For</b>  <b>Not Applicable</b>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>					
Name <b>WILLIAM J BLAKESBERG</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>951 SW 4th AVE</b>					
Suite, Apt. #, Etc.					
City <b>BOCA RATON</b>				State <b>FL</b>	Zip Code <b>33432-5803</b>
<b>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.</b>					
Signature of Registered Agent 				Date <b>1-28-05</b>	
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
<b>P</b>	<b>LAWRENCE PRECIPUO</b>	<b>4956 LECHALET BLVD</b>		<b>BOYNTON BEACH FL 33436</b>	
				800046288658 02/10/05--01002--025 **1050.00	
<b>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)(l), 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.</b>					
SIGNATURE:  <b>L.P.S.</b>				1-28-05 561-750-8300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>LAWRENCE PRECIPUO</b>				Date Daytime Phone #	