

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -1 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103329

1. Corporation Name **TOMOKA SALVAGE INC**

[RECEIVED]

REINSTATEMENT 0203

800017231568
01/29/03--01019--012 **308.75

2. Principal Office Address

3. Mailing Office Address

454 HWY 17

P.O. Box 2635

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DALATKA FL

ORMOND BEACH FL

Zip

Country

Zip

Country

32177

USA

32175

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

59-3420538

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES V. CINELLI

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

P.O. Box 2635

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32175

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-23-03

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
PRES	JAMES V. CINELLI	1429 PECOS DR	ORMOND BEACH FL 32174
TRES			
V.PRES	JOHN CINELLI JR	1201 OAK FOREST DR	ORMOND BEACH FL. 32174
SECT			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4-23-03

Date

(904) 824-6379

Daytime Phone #

CR2E081 (10/02)