	•
CORPORATION	
CON CINATION	
REINSTATEMEN	т



FLORIDA DEPART VIENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CO RPORATIONS

DOCUMENT # \$99000060297

1. Corporation Name

Salvage Works, INC.

FILED

OI APR 30 AM 9: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principa	Office Address	3. Mailing Office Addres	^ i		a see and a section		
1111	Kennedy Court	IIII Kenne	dy Court	REINSTATEME			
Suite, Apt. #	rtment #1	Suite, Apt. #, etc. APartment	t #1	4. Date Incorporated or Qualified To Do Business in Florida	July 1999		
City & State	isville, Fl.	City & State Titusville,	FI.	5. FEI Number 65-0931779	Applied For Not Applicable		
32 ¹	7 & Country	Zip 32786	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Ad Iress of Current Registered Agent							
Name Richard D. Deihl 0000042748101-01180-0					101180⊈16		
Street Address (P.O. Box Number is Not Acceptable) Kennedy Court							
1	Suite, Apartment #1						
	Titusville	-	=	FL 327	80		
8. It being appointed the registered agent of the above named corporation, am fai illiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							
Signature of Registered Agent Week Date Date 4/34/01 REGISTERED AGENT MUST & GN							
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	ę.	Street Address of Each Officer and/or Director	. City	y / State / Zip		
Pres	Richard D. Da	enhl IIII	Kemedy Cou	77 /	F1. 32780		
Vice Pre	s - Frederick N. (11th Street F		Fl 3420δ		
Sec	Richard D. Dei	h) iii	renvedy Cou	# Titusville,	FI 32780		
Treas	Richard D. Dei	h! 1111	rennedy Cor Partment	#t Titus ville,	FI- 32780		
	vithat I am an officer or director or the recei- nstatement application, the reason for disso	olution has been eliminated,	t e corporate name satisfies		617.0401, F.S., that all fees		

on this application is true and accurate, and my signature shall have the same egal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR