

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -2 PM 3:02

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000055798

1. Corporation Name

FDOT Towing & Impound, Inc.

2. Principal Office Address - No P.O. Box #
850 Ives Dairy Road

3. Mailing Office Address
850 Ives Dairy Road

Suite, Apt. #, etc.
T57-313

Suite, Apt. #, etc.
T57-313

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33179

Country
USA

Zip
33179

Country
USA

REINSTATEMENT

CR2E081 (1/07)

05-07
[Signature]

4. Date Incorporated or Qualified
To Do Business in Florida **05/19/2003**

5. FEI Number **810647813**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Vazquez, Elio Esq.

Street Address (P.O. Box Number is Not Acceptable)
6780 Coral Way

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33155

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Elio Vazquez Esq.

REGISTERED AGENT MUST SIGN

Date **10/01/2007**

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,S,T,D	Amarilys Remedios	850 Ives Dairy Road T57-313	Miami, Florida 33179

400110746514
10/12/07--01071--009 **450.00

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amarilys Remedios

10/01/2007

Date

305-652-6085

Daytime Phone #



**FDOT TOWING DIVISION, INC. F/K/A
FDOT TOWING & IMPOUND, INC.**

850 Ives Dairy Rd T57-313 Miami, FL 33179

MAIN Office: **888-525-3368**

Fax Line: **305-654-1601**

Corporate Letter/Statement

TO: Florida Department of State / Division of
Corporations *c/o Michelle Hilligan*

FROM: *[Signature]* Amarilys Remedios – (305) **652-6085** Ofc.
305-654-1601 Fax

DATE: 10/01/2007

RE: Corporate Reinstatement and Request of Fee
Waiver

We are hereby requesting waiver of the reinstatement fees due to uncontrollable events in the previous years, such as hurricanes Katrina and Wilma, our building was condemned and therefore preventing us from receiving proper notification.

Thanking you in advance for your assistance.