

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 APR -8 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


REINSTATEMENT 10-11

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04/08/11--01030--003 **900.00

CR2E081 (1/07)

004/8

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000027733

1. Corporation Name
WILLIAMS ARIAS TOWING CORP

2. Principal Office Address - No P.O. Box # 3501 NW 7th AVENUE	3. Mailing Office Address 3501 NW 7th AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
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Zip 33127	Country US	Zip 33127	Country US
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4. Date Incorporated or Qualified To Do Business in Florida 3/26/09

5. FEI Number 26-4560051	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
WILLIAMS ARIAS

Street Address (P.O. Box Number is Not Acceptable)
3501 NW 7th Avenue

Suite, Apt. #, Etc.

City MIAMI	State FL	Zip Code 33127
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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 807.0505 or 817.0503, F.S.

Signature of Registered Agent _____ Date 4/5/11

REGISTERED AGENT MUST SIGN

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	Williams Arias	3501 NW7TH Avenue	Miami, Fl 33127

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 807 or 817, 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 807.0401 or 817.0401, 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: _____ Date 4/5/11 786-277-0762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____