


# 2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED


2012 MAY 21 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000012578</b> 1. Entity Name FLYING TOWING CORP.	
-------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1577 SW 137TH PLACE MIAMI, FL 33184	Mailing Address 1577 SW 137TH PLACE MIAMI, FL 33184
-----------------------------------------------------------------------	-----------------------------------------------------------

2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt. #, etc.
--------------------------------------------------------------------------	-----------------------------------------------

City & State  Zip Country	City & State  Zip Country
---------------------------------	---------------------------------



05102012	REIN-P	CR2E098 (12/11)
4. FEI Number <b>65-0903921</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ARGUELLES, EDOWALDO M</b> 1577 SW 137TH PLACE MIAMI, FL 33184	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
-------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ARGUELLES, EDOWALDO M 1577 SW 137TH PLACE MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400235356324</b> 05/21/12--01004--008 ***300.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ARGUELLES, MARIA I 1577 SW 137TH PLACE MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MAY 21 2012  
S. TONER

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* DATE: 5-15-12 E-MAIL ADDRESS: psblocontador1@aol.com