

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000036562

1. Entity Name  
#1 A1A EXPRESS TOWING, INC.



Principal Place of Business  
6790 SW 6TH ST  
MARGATE, FL 33068

Mailing Address  
6790 SW 6TH ST  
MARGATE, FL 33068

FILED

06 MAY 11 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

1850 N.E. 186 ST

Suite, Apt. #, etc.

2-M

3. Mailing Address

1850 N.E. 186 ST

Suite, Apt. #, etc.

2-M

05042006

REIN-P

CR2E098 (11/05)

05-06

City & State

NORTH MIAMI BEACH FLORIDA

City & State

NO. MIAMI BCH, FL

4. FEI Number

06-1718988

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

IMAD AL ALSAMIR

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

1850 N.E. 186 ST #2-M

City

NO. MIAMI BEACH FL

Zip Code

33179

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/04/06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
ALSAMIR, IMAD A  
6790 SW 6TH ST  
MARGATE, FL 33068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*[Signature]* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
1850 N.E. 186 ST #2-M  
NO. MIAMI BCH, FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
700075217127  
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TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

05/04/06