

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 23 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 502090

1. Corporation Name

Flint's Wrecker Service, Inc.

2. Principal Office Address

6442 State Road 60 E

Suite, Apt. #, etc.

3. Mailing Office Address

6442 State Road 60 E

Suite, Apt. #, etc.

City & State

Lake Wales FL

Zip

33853

Country

FLK

City & State

Lake Wales FL

Zip

33853

Country

FLK

4. Date Incorporated or Qualified  
To Do Business in Florida

2562.50

4-28-76

5. FEI Number

59-1670478

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James M Flint

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

2400 Capps Road

Suite, Apt. #, Etc.

City

Lake Wales

State

FL

Zip Code

33853

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

*J M Flint*

REGISTERED AGENT MUST SIGN

Date 6/19/00

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/D	James M Flint	2400 Capps Rd Lr	Lake Wales FL 33853
V/D	Glenn N. Flint	409 Ridge Manor Dr	Lake Wales FL 33853
S/H/D	Victoria L Flint	2400 Capps Rd	Lake Wales FL 33853

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 under section 119.07(3)(i), 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:

*J M Flint*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/00  
Date

863 676 1318  
Daytime Phone #

CR2E081 (9/99)