

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 26 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 535308

1. Corporation Name

Whitt's Towing Service Inc.

2. Principal Office Address

7051 S.W. 30 Rd

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

3. Mailing Office Address

7051 S.W. 30 Rd

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33155

Country

REINSTATEMENT

CR2E081 (8/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

May 1977

5. FEI Number

591239477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Grace T. Whitt

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

7051 S.W. 30 Rd

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

Grace T. Whitt

REGISTERED AGENT MUST SIGN

Date

11-08-06

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
Pres	Grace T. Whitt	10065 S.W. 215 St	Miami, FL 33155

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:

Grace T. Whitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-08-06

Daytime Phone #

305-226-9333



12-18-06

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Dept of State
Divisions of Corporations
Document #535308

Att:Patricia Bailey

This letter is to explain after being incorporated since 1977
how the fee was not paid.

Due to my illness of my not being able to walk or work this
matter was overlooked. I was concerned about getting back on my
feet.

I appreciate your understanding and help in this matter.

Sincerely,

Grace T. Whitt
Whitts Towing Service