PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800362091558
06/13/22--01045--002 **35.00

800362091558
06/13/22--01045--001 **115.00

800362091558
06/15/21--01017--003 **1200.00

CR2E081 (11/10)

DOCUMENT # F17000003919

1. Corporation Name

K+R Towing Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1034 Windmill Grove Cir	1034 windmill Grove Cir.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City / State: Orlando FL	City / State: Orlando FL
Zip: 32828 Country: Orange	Zip: 32828 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: 8-29-2017

5. FEI Number: 83-0472824 — 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: Ana Cruz

Street Address (P.O. Box Number is Not Acceptable): 1034 Windmill Grove Cir.

Suite, Apt. #, Etc: —

City: Orlando State: FL Zip Code: 32828

FILED
2022 MAY 12 PM 2:22
JUN 13 2022
D COWELL
2018-2022

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: Ana Cruz — Date: 2-23-2021

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	Yudel J Vazquez	1034 Windmill Gr Cir.	Orlando FL 32828
CP	Cruz Raul	18508 E Colonial Dr	Orlando FL 32828
VPC	Astilla Raymond	18508 E Colonial Dr.	Orlando FL 32828

10. E-mail Address: Coast2Coastautoservices@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Raul Cruz — 2/23/21

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