

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 14 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001105

1. Corporation Name

HUSKY TOWING & RECOVERY SERVICES, INC.

2. Principal Office Address

P.O. Box 771975

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34477

Country

Marion

3. Mailing Office Address

P.O. Box 771975

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34477

Country

Marion

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/99

5. FEI Number

11-3266851

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

Steven J. Jacobson, Esq.

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

5701 North Pine Island Road

Suite, Apt. #, Etc.

Suite 320

City

Ft. Lauderdale

State

FL

Zip Code

33321

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

REGISTERED AGENT MUST SIGN

Date 11/19/01

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	JOHN BEBIRIAN	7320 MAYFIELD DR.	Port Richey FL 34668
V	BOBBIE VAUGHN	7320 MAYFIELD DR.	Port Richey FL 34668

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:

JOHN BEBIRIAN

3/7/02 727-815-0308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)