

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN -6 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

DOCUMENT # F99000001105

1. Corporation Name

Husky Towing & Recovery Services  
Inc

**REINSTATEMENT**

0305

1/6/05 JHM

2. Principal Office Address

P.O. BOX 771975

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34477

Country

Marion

3. Mailing Office Address

P.O. BOX 771975

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34477

Country

Marion

4. Date Incorporated or Qualified  
To Do Business in Florida

2/26/99

5. FEI Number

113266851

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

John Bebirian

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

10197 Game Well St

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34608

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

John J. Bebirian

REGISTERED AGENT MUST SIGN

Date

1/4/05

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	John Bebirian	10197 Game Well St	Spring Hill FL 34608

309844209613  
01/06/05--01031--001 \*\*1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Bebirian

Date

1/4/05

Daytime Phone #

352-799-7993

CR25081 (01/04)