

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **H52787**

1. Corporation Name

**TAMPA WRECKER & CARRIER SALES, INC.**

Principal Place of Business

9816A US HWY 301 N  
TAMPA FL 33637

Mailing Address

P.O. BOX 290298  
TAMPA FL 33687-0298

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/1985

5. FEI Number

65-0375037

Applied For  
Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	MITCHELL, CHARLES E.	9234 OVERLOOK DRIVE	TEMPLE TERRACE FL 33687
ST	MITCHELL, THELMA S.	9234 OVERLOOK DR.	TEMPLE TERRACE FL 33687

200002880192-4  
-05/19/99-01051-017  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

MITCHELL, CHARLES E  
1814 EAST BUSCH BLVD.  
TAMPA FL 33612-8664

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Charles E. Mitchell*

REGISTERED AGENT MUST SIGN

Date: 4-29-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

*Charles E. Mitchell*

Charles E. Mitchell

Date

Daytime Phone #

4-29-99

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