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 # K64645

1. Corporation Name
A Able Towing, Inc.

Principal Place of Business
7500 NW 8th St.
Miami, Fl. 33126.

Mailing Address
P.O. Box 591795
Miami, Fl. 33159.

REINSTATEMENT 6/8/99

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

2. New Principal Office Address, If Applicable
3795 NW 28th St.
Suite, Apt. #, etc.
City & State: Miami, Fl.
Zip: 33142 | Country: USA

3. New Mailing Office Address, If Applicable
14730 NE 10 Ave.
Suite, Apt. #, etc.
City & State: N. Miami Fl.
Zip: 33161 | Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2-9-89

5. F.E.I. Number: 65-0140874 | 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Carlos F. Manjarres	14730 NE 10 Ave.	N. Miami, Fl. 33161

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****500.00 ****500.00

8. Name and Address of Current Registered Agent
Jose Luis Manjarres
4364 West 10th Ave.
Hialeah, Fl. 33012.

9. Name and Address of New Registered Agent
Name: Perez, Behar, Associates, PA
Street Address (P.O. Box Number is Not Acceptable): 14730 NE 10 Ave.
Suite, Apt. # Etc.
City: N. Miami | State: FL | Zip Code: 33161

CR2E040 (12-95)

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: Ramon [illegible] REGISTERED AGENT MUST SIGN
Date: 5-5-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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] Carlos F. Manjarres Pres. 5/5/99 305-949-4738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #