

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 16 AM 10:07

DOCUMENT # L03000018905

1. Limited Liability Company's Name

Towing Gem's LLC

2. Principal Office Address - No P.O. Box #

4851 NW 103 Ave Suite 42B  
Sunrise, FL 33351

3. Mailing Office Address

P.O. Box 25580  
Suite Apt # etc

CR2E041 (1/07)

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

2003

6. FEI Number

030519019

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

George Martin

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

4851 NW 103 Ave

Suite, Apt. #, Etc.

Suite 42B

City

Sunrise

State

FL

Zip Code

33351

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

George Martin

REGISTERED AGENT MUST SIGN

Date 2/12/07

Handwritten initials

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
EMAN	George Martin	4851 NW 103 Ave. Suite 42B	Sunrise FL 33351

800089029698  
02/23/07--01007--013 \*\*250.00

REINSTATEMENT 05-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

George Martin

Date 2/13/07

Daytime Phone #

954 445-8856

Typed or printed name of signing Managing Member/Manager

George Martin