

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 AM 10:43

DOCUMENT # LD4000039703

1. Limited Liability Company's Name

24-7 Towing & Recovery LLC
W08-16168

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

2540 NW 39th Way

Suite, Apt. #, etc.

APT 104

City & State

LAUDERDALE FL

Zip

33311

Country

U.S.A

3. Mailing Office Address

2540 NW 39th Way
← SAME 39th Way

Suite, Apt. #, etc.

APT 104

City & State

LAUDERDALE FL

Zip

33311

Country

U.S.A

4. State/Country of Formation

U.S.A

5. Date Organized or Qualified
To Do Business in Florida

9-04-03

6. FEI Number

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

BRADLEY L HUNTER

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

2540 NW 39th Way

Suite, Apt. #, Etc.

APT 104

City

LAUDERDALE FL

State

FL

Zip Code

33311

☒ 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

Bradley L Hunter
REGISTERED AGENT MUST SIGN

Date 12-8-07

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
<u>P</u>	<u>BRADLEY L. HUNTER</u>	<u>2540 NW 39th Way</u> <u>#104</u>	<u>LAUDERDALE LAKES, FL 33311</u>
			<u>200113304022</u> <u>03/27/08--01040--002 **135.00</u>
			<u>200113304022</u> <u>12/20/07--01028--003 **100.00</u>
			<u>REINSTATEMENT</u>
		<u>WOP</u>	<u>06-08 JWH</u>

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

Bradley L Hunter

Date 3-24-08

Daytime Phone # 954-465-3020

Typed or printed name of signing Managing Member/Manager

BRADLEY L HUNTER