

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF BANKING AND FINANCE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L82311

1. Corporation Name *Ron's Quality Towing, Inc.*

FILED

97 APR 18 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

*2049 S.W. 44th Ave
Gainesville, FL 32608*REINSTATEMENT *91-97*

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida *6/22/90*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

If Yes, Attach Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>P</i>	<i>William Ronald Hill</i>	<i>2049 S.W. 44th Ave</i>	<i>Gainesville, FL 32608</i>

~~900992150709-1~~
~~04/22/97-01050-014~~
~~***1636.25 ***1636.25~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name *William Ronald Hill*
Street Address (P.O. Box Number is Not Acceptable)
2049 S.W. 44th Ave
City, State, Zip
Gainesville, FL 32608
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 607.0605, F.S.

Signature of
Registered Agent*William Ronald Hill*

REGISTERED AGENT MUST SIGN

Date *4/16/97*11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐(See other side for information
on intangible tax)

12. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in Chapter 607 or 611, F.S. I further certify that when this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 611.0401, 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 199.031(1), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William Ronald Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*4/16/97*
Date

Certification