

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 23 AM 10:52

DOCUMENT # N94000002402

1. Corporation Name

Jacksonville Wrecker Association Inc.

2. Principal Office Address

1882 Dunn Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

← Same

City & State

Jacksonville

City & State

← Florida

Zip

32218

Country

U.S.

Zip

32218

Country

U.S.

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2679709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard Wilson

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

1882 Dunn Ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Richard Wilson

REGISTERED AGENT MUST SIGN

Date

3/21/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Robert Weiss	7600 Bailey Body Rd	Jax FL 32246
Secy	VANICE SERRANO	10053 103rd Street	Jax FL 32210
Pres	VINCE SERRANO	10053 103rd Street	Jax FL 32210
			B 3/29/06

10. 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 contained in Chapter 119, 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:

Vance Serrano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06 904771-711
Date Daytime Phone #



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TO: Florida Dept of State

From: Jacksonville Wrecker Association

Date: March 21, 2006

Re: Annual Report Notices

We did not receive the annual renew for 2004 for this association. We are reapplying for this organization And enclosed is our check for \$183.75. for the years 2004, 2005, 2006.
As per conversation with your office on March 21, 2006 this is what you needed to reinstate under this name. If you have any questions, Please feel to call Vanice Serrano at 904-771-7111.

Thank you,

A handwritten signature in cursive script that reads "Vanice Serrano".

Vanice Serrano