

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000008237

1. Corporation Name

CALO TOWING AND RENTALS, INC.

REINSTATEMENT 03-04

900028743389

02/13/04--01044--016 **900.00

2. Principal Office Address

3613 W. HWY 98

3. Mailing Office Address

3710 W. 17TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

City & State

PANAMA CITY FL

Zip

32401

Country

BAY

Zip

32401

Country

BAY

4. Date Incorporated or Qualified

To Do Business in Florida 01/11/2000

5. FEI Number

593616754

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

CALO, JOSEPH J

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

3710 W. 17TH STREET

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32401

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

Joseph J. Calo
REGISTERED AGENT MUST SIGN

Date

2-5-04

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
P	CALO, JOSEPH J.	3710 W. 17TH STREET	PANAMA CITY FL 32401

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 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:

Joseph J. Calo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-5-04

Daytime Phone #

850-258-2598

CR2E081 (01/04)