

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000008448

1. Corporation Name

ASAP TOWING SERVICES, INC.

Principal Place of Business

2200 NW 34TH TERRACE
COCONUT CREEK FL 33066

Mailing Address

2200 NW 34TH TERRACE
COCONUT CREEK FL 33066



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2000

5. FEI Number

65-0978810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)
1

Name of Officers
and/or Directors
2

3

Street Address of Each
Officer and/or Director

City / State / Zip
4

P

RODRIGUEZ, MARCIO

2200 NW 34TH TERR

COCONUT CREEK FL 33066

0000009154050
11/21/02--01092--010 **150.00

8. Name and Address of Current Registered Agent

REZENDE, MARCOS

4953 E. LAKES

POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

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

822 SE 9TH ST

Suite, Apt. #, Etc.

PALM PLAZA

City

DEERFIELD BEACH

State

FL

Zip Code

33441

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/08/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/08/02

Daytime Phone #

CR2E040 (9/02)

ASAP TOWING SERVICES, INC.

2200 NW 34th TERRACE - COCONUT CREEK, FL 33066-2224

11/08/2002

FLORIDA DEPARTMENT OF STATE
Jim Smith - Secretary of State
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, FL 32314

Dear Mr. Jim Smith;

It was a surprise receiving such notice of Administrative dissolution due to a lack of payment.

I would like to clarify that I never received any bill from this Department (2002 UBR). I am sorry for lacking the knowledge that is a annual bill that I have to file even if I do not receive a bill from you.

I am hereby requesting that you REINSTATE my company, I am attaching the reinstatement form duly signed plus a check for the annual fee.

Sincerely;



Marcio Rodrigues
President