

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000072076

1. Entity Name  
C.T.A. TOWING & AUTO CARE, INC.



Principal Place of Business  
P.O. BOX 430113  
KISSIMMEE, FL 34743

Mailing Address  
315 NW 109 AVE  
PEMBROKE PINES, FL 33026

**REINSTATEMENT**

**FILED**

04 OCT 22 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10132004 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

4090 SW 40th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PARK, FL

4. FEI Number  
65-1033853

Applied For  
Not Applicable

Zip

Country

Zip

Country

33023

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BORRELLI, JORGE R  
315 NW 109 AVE  
PEMBROKE PINES, FL 33026

7. Name and Address of New Registered Agent

Name BORRELLI, JORGE R.

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

4090 SW 40th Ave.

City PEMBROKE PARK

FL

Zip Code 33023

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/14/2004

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BORRELLI, JORGE R  
STREET ADDRESS 315 NW 109 AVE  
CITY-ST-ZIP PEMBROKE PINES, FL 33026 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. BORRELLI, JORGE R. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4090 SW 40th Ave  
CITY-ST-ZIP PEMBROKE PARK, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/2004

Date

305-970-8978

Daytime Phone #