

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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05 FEB 11 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05

1/11/05 01019 023 - 600-05

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000101288

1. Corporation Name
ATLANTIC TOWING & RECOVERY, INC
5628 SW 25TH STREET

2. Principal Office Address
5628 SW 25TH STREET
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
HOLLYWOOD

City & State

Zip 33023 **Country**

4. Date Incorporated or Qualified To Do Business in Florida 10/27/00

5. FEI Number 85-1050767 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
HUMBERTO PORTUONDO

Street Address (P.O. Box Number is Not Acceptable)
5628 SW 25TH STREET

Suite, Apt. #, Etc.

City HOLLYWOOD **State** FL **Zip Code** 33023

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* **Date** 1-5-05

REGISTERED AGENT MUST SIGN

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
PD	HUMBERTO PORTUONDO	5628 SW 25TH STREET	HOLLYWOOD, FL 33023
STD	NICHOLAS PORTUONDO	2031 NE 139TH STREET # 15	N M BCH. FL. 33181

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: *[Signature]* **Date** 01/05/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CORP-01 (1/04)

2012

**ATLANTIC TOWING & RECOVERY, INC.
5628 SW 25TH STREET
HOLLYWOOD, FL. 33023**

01/05/05

**Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314**

Dear Sir/Madam,

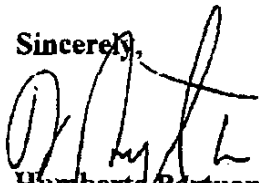
Ref: P00000101288 - ATLANTIC TOWING & RECOVERY, INC

Please accept the enclosed check in the amount of \$ 600.00 which represents the reinstatement and current year renewal of the above captioned corporation. (See attached renewal form)

During the delinquent period I have been ill and the renewal forms were not received . Please grant me a favorable response to this request.

I thank you for your kind cooperation in this matter.

Sincerely,


Humberto Portuondo