


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 DEC 29 PM 12:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P00000117639				
1. Corporation Name HEARTBEAT TOWING & RECOVERY INC.				
2. Principal Office Address 1735 NW 21 ST		3. Mailing Office Address SAME		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State MIAMI, FL		City & State		
Zip 33142	Country	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 12-28-2000
5. FEI Number 65-1031221				Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Name JUAN A. PEREZ				
Street Address (P.O. Box Number is Not Acceptable) 1735 NW 21 ST				
Suite, Apt. #, Etc.				
City MIAMI		State FL	Zip Code 33142	
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 <i>Juan A. Perez</i>		Date _____		
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	
P/D	JUAN A. PEREZ	1735 NW 21 ST	MIAMI, FL 33142	
			400043809744 01/03/05--01046--019 **150.00	
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: <i>Juan A. Perez</i>		Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E081 (01/04)