PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 21 PH 3: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P01000006127

1. Corporation Name

BORBON TOWING & WRECKER SERVICE, INC.

Principal Place of Business

Mailing Address

10001 WEST LOT B-250 MIAMI FL 3	T FLAGLER S 3174	TREET	650 SW 10 S APT #6 Miami Fl 33							
		incorrect in any way, line Address, If Applicable	through incorrect in				4 Date Incom	orated or Qualified		03
						Date Incorporated or Qualified To Do Business in Florida O1/17/2001				
Suite, Apt. #, etc. Suite, Apt. #,		etc.			5. FEI Numbe	r		Applied For		
City & State City & State								Not Applicable		
Zip Country		Zip	Zip		Country		6. CERTIFICATE OF STATUS DESIRED 6 S8.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprof	fit corporati	ons must list at lea	st 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo				4	City / State / Zip		
D BORBON, IRAN			10001 WEST FLAGLER STREET L			OT B- MIAMI FL 33174				
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	- -				<u> </u>	4				
	•	-					10/21.	/002396 /0301040(5755 024 **1	50.00
	_				-					
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
						Name			*	}
BORBON, IRAN 10001 WEST FLAGLER STREET			Street Address (P.O. Box N			O. Box Number	x Number is Not Acceptable)			
LOT B-250		Suite, Apt. #, Etc.								
MIAMI FL 33174				City			State Zip Code			
10. 1, being	appointed th	e registered agent of the a	above named corpo	oration, am f	amiliar with	and accept the ob	oligations of Secti	on 607.0505, F.S. or 6		
Signature of Registered /	Agent 4	Dog.	ran Ba	er bo	SIGN	4 A		Date	115/0	3
fit Looplifus	that l'agrance	tricor or disaster or the se	asher at triata- ta	annuared to		io oneliantion an a	rounded do line abo		f. ab a'E. A	

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:

October 15, 2003 To: Department of State
Division of Corporation
P.O. Box 6327 Tallahasee, FC 32314 From: Borbon Towing & Wrecker Service Document 10. # P01000006127 I am writing this letter because I was
not able to renew the corporation on
time because I never recieved the
renewal papers I imagened they were
crossed in the mail. Attached please find the application signed and also a money order for \$150,00 for reinstatement. Should you have any questions do not hesitate to contact me at the following phone # 186-236-9884 Thank you, President