

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 OCT 29 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012483

1. Corporation Name

103RD STREET WRECKER SERVICE, INC

Principal Place of Business

5125 EVEY CT
JACKSONVILLE FL 32210

Mailing Address

5125 EVEY CT
JACKSONVILLE FL 32210

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

2. New Principal Office Address, If Applicable

5125 Evey CT
Jacksonville
City & State
Florida

3. New Mailing Office Address, If Applicable

P.O. Box 382039
Suite, Apt. #, etc.

City & State

Jacksonville, Fla

Zip

32210

Country

FLORIDA

Zip

32238

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2001

5. FEI Number

59-3701580

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	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TAYLOR, NANCY E	4809 BLANDING BLVD	JACKSONVILLE FL 32210

200008683472

10/29/02--01171--009 **750.00

8. Name and Address of Current Registered Agent

TAYLOR, NANCY E
5125 EVEY CT
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

NANCY E TAYLOR

Street Address P.O. Box Number is Not Acceptable

5125 Evey CT

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32210

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 10/25/02

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

10/25/02

Date

904-
5733564

Daytime Phone #

CR2E040 (8/02)