

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -1 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030386

1. Corporation Name

Big "G" Towing, Inc.

2. Principal Office Address

3112 NW 36 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

Miami-Dade

3. Mailing Office Address

3112 NW 36 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

3-26-01

5. FEI Number

None

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 0203

7. Name and Address of Current Registered Agent

Name

J.R. Callahan, Esquire

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

249 Westward Drive

Suite, Apt. #, Etc.

City

Miami Springs

State

FL

Zip Code

33166

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

J.R. Callahan

Date 3-27-03

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|-----------|--------------------------------------|---|--------------------|
| President | Joaquin Galindo                      | 3112 NW 36 Street                                 | Miami, FL 33142    |
|           |                                      |   |                    |
|           |                                      |   |                    |
|           |                                      |   |                    |
|           |                                      |   |                    |
|           |                                      |   |                    |

400015026384  
04/01/03--01044--004 \*\*900.00

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:

Joaquin Galindo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03

Date

305/887-7899

Daytime Phone #