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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 16 AM 8:00

DOCUMENT # ~~PD1000060326~~ PD1000060326

1. Corporation Name
Statewidwe Towing ,Inc.

2. Principal Office Address
11234 N.W 14TH CT

3. Mailing Office Address
11234 N.W 14TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines , FL

City & State
Pembroke Pines ,FL

Zip Country
33026 USA

Zip Country
33026 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0989425

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RUTH LIVERPOOL

Street Address (P.O. Box Number is Not Acceptable)
4974 N. UNIVERSITY DR.

Suite, Apt. #, Etc.

City
LAUDERHILL

State Zip Code
FL 33351

700039250817
07/16/04--01043--001 ***301.00

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

Ruth Liverpool

Date 7/5/04

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	Robert Seymour	11234 Nw 14th CT	Pembroke Pines, FL, 33026

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)(f), 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:

Robert Seymour

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/5/04

Daytime Phone #

(954) 746-501

CR2E081 (01/04)

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ACCOUNTING & BUSINESS SERVICES, INC.

4974 North University Drive • Sunrise, FL • 33351

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

July, 12th, 2004

RE: Statewide Towing, Inc.
DN: P01000060326

To Whom It May Concern:

We are writing this letter asking for the above company to be reinstated. Please note that we never received a renewal form (ubr) for the company and had no knowledge on how to go about doing this.

We are asking that you take this into consideration and waive all of my client's penalty and late fees. Enclosed you will find a check in the amount of \$300.00 and our reinstatement form we thank you for your understanding and help on this matter .

Please note that if any further information is needed we can be contacted at the number listed below.

Respectfully,

Colleen Pope
Accounting Associate

Ruth Liverpool, *President*

Phone: 954-746-5011 • Fax 954-746-7996

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BOOKKEEPING • PAYROLL • FINANCIAL STATEMENTS