

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 NOV 20 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000076812**

1. Corporation Name

HERNANDO TOWING & RECOVERY INC.

Principal Place of Business

21347 CAMPBELL DR
BROOKSVILLE FL 34601

Mailing Address

21347 CAMPBELL DR
BROOKSVILLE FL 34601

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2001

5. FEI Number

59-3753061

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	GRANT, DAVID M	21347 CAMPBELL DR	BROOKSVILLE FL 34601
S	DeLeo, SANDRA L.	21415 CAMPBELL DRIVE	BROOKSVILLE, FL 34601
T	RITCHOTTE, JOAN	21427 CAMPBELL DRIVE	BROOKSVILLE, FL 34601

800009119508
11/20/02--01075--013 **750.00

8. Name and Address of Current Registered Agent

GRANT, DAVID M
21347 CAMPBELL DR
BROOKSVILLE FL 34601

9. Name and Address of New Registered Agent

Name

WILLIAM J. RITCHOTTE

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

21427 CAMPBELL DRIVE

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34601

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

WILLIAM J. RITCHOTTE
REGISTERED AGENT MUST SIGN

Date

11/15/02

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:

Joan M. Ritchotte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOAN M. RITCHOTTE 11/15/02 352-797-6181

CR2E040 (9/02)