

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096019

1. Corporation Name

ORMOND WRECKER SERVICE, INC.

Principal Place of Business

Mailing Address

299 N. ORCHARD ST.
ORMOND BEACH FL 32174

299 N. ORCHARD ST.
ORMOND BEACH FL 32174



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/28/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3723337

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75. Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| P | SORIANO, EUGENE J | 1491 VALENCIA ST. | HOLLY HILL FL 32117 |
| | | | |
| | | | |
| | | | |
| | | | |

4000008864204
11/07/02--01037--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SORIANO, EUGENE J
1491 VALENCIA AVE.
HOLLY HILL FL 32117

| | |
|--|--------------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, Etc. | |
| City | State FL |
| | Zip Code |

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 *Eugene J. Soriano* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date *11-5-02*

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: *Eugene J. Soriano* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11-5-02*
Daytime Phone # *386-672-8847*

CR2040 (8/02)

PG 2082

October 31, 2002

RE: Annual Report Late Fee

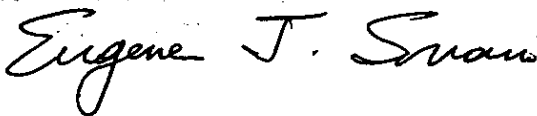
Division of Corporations
~~PO-Box 6327~~
Tallahassee, FL. 32314-6327

To Whom It May Concern:

Attached to this letter is the Application for Reinstatement Annual Report. Also enclosed is a check for \$150.00 to cover the renewal fee. This was the first notice I received, I don't know what happened to the original one. If you check the records of Ormond Wrecker Service Inc., you will see that we have just started this Corporation as of September 28, 2001, and believed that the fees paid at that time covered the year 2002, because of this we feel that the late fee assessed would be extremely unfair at this time. We hereby request that the late fee be waived or reduced due to our misunderstanding and also the fact that we never received the original report that was mailed.

If we can provide any more information concerning the above, please call, (386)672-8847.

Sincerely,



Eugene J Soriano

President

299 N. Orchard St
Ormond Beach, FL
32174