

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P01000107986

1. Corporation Name

LIBERTY TOWING AND RECOVERY, INC.

Principal Place of Business

761 S HWY 17-92  
DEBARY FL 32713

Mailing Address

761 S HWY 17-92  
DEBARY FL 32713

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

11/08/2001

5. FEI Number

593759773

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
DP	SAMUELS, FARRELL M	1372 TARTAN LANE	DELTONA FL 32738

900008831099

11/06/02--01075--018 \*\*150.00

8. Name and Address of Current Registered Agent

ACEVEDO, J. MANUEL  
116 N PARK AVE  
SANFORD FL 32771

9. Name and Address of New Registered Agent

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/4/2002

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2002  
Date Daytime Phone #

CR2E040 (8/02)

LIBERTY TOWING AND RECOVERY, INC.  
761 S. HWY 17-92  
DEBARY, FLORIDA 32713

October 23, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, Florida 32314-6327

To whom it may concern:

Enclosed are the Reinstatement Form, fee, and Acknowledgment Fee, for Liberty Towing and Recovery, Inc.

*Please be advised the original UBR flings were never received, or would most certainly been filed in a timely manner.*

The Registered Agent and Officer remain the same. Your immediate attention to this matter is greatly appreciated.

Thank you for your time and consideration.

Sincerely,



Farrell M. Samuels  
President  
Liberty Towing and Recovery, Inc.