PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 20 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000074982**

1. Corporation Name

A & D TOWING SERVICES, INC.

Principal Place of Business	Mailing Address
12764 SW 46 LANE MIAMI FL 33175	12764 SW 46 LANE MIAMI FL 33175

REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/08/2002

5. FEI Number: 01-0735987 ☐ 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	VENEREO, DAVID M	12764 SW 46 LANE	MIAMI FL 33175

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
VENEREO, DAVID M 12764 SW 46 LANE MIAMI FL 33175	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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: _____ Date: 11/17/03
REGISTERED AGENT MUST SIGN

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: _____ 11/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A & D TOWING
Services, Inc.

12764 SW 46 Lane
Miami, Florida 33175

November 17, 2003

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

RE: A & D Towing Services, Inc.
Tax ID#: 01-0735987

To Whom It May Concern:

Please be advised that I submitted the required payment in February 2003. I never received your correspondence to me dated February 11, 2003 requesting my Federal Tax Identification Number. At this juncture, I respectfully request that you accept my "Application for Reinstatement" for my corporation, which has been properly executed and is enclosed.

Should you need any further information to comply with my request, please do not hesitate to contact me at any of the numbers below. Thank you very much for your attention to this matter.

Sincerely,

David M. Venereo, President

DMV/bv