## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  DOCUMENT # P02 000  1. Corporation Name	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 MAR IO PM 3: 38 SECRETARY OF STATE MILLIANASSEE, FLORIDA
RAVEN TOWING ON  2. Principal Office Address - No P.O. Box #  16/0/SW 98TH AWE  Suite, Apl. #, etc.  City & Giagle  MIAMI FL	3. Mailing Office Address	900171030959 03/02/1001040016 **750.80 03/02/10-01040016 750 6 CR2E081 (12/07)  4. Date Incorporated or Qualified To Do Business in Florida 3/4/10  5. FEI Number 01-0736349   Applied For (Not Applicable)
33157 Country	33157 Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status.
7. Name and Address of The Toward Address of The Toward Address (P.O. agx Number is Not Acceptable 10101 Sw 9874 Suite, Apt. #, Etc.	Current Registered Agent  CAMPOS  AUC  State Zip Code  FL 33/5-7	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 Pate Pate Pate Pate Pate Pate Pate Pat		
9. Names and Street Addresses of Each Officer and/or Director (Fiorida 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 EDWARD M CAMPOS 16101 SW 987+1 AVE Almi Flower MiAmi FL 33157		
		RH
REINSTATEMENT		
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 filting 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		