

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

15 DEC 29 AM 0:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b> 2014-2015		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000075594

1. Corporation Name

**RAVEN TOWING AND RECOVERY INC.**

2. Principal Office Address - No P.O. Box # 16101 SW 98TH AVENUE Suite, Apt. #, etc. City & State <b>MIAMI, FL</b> Zip Country <b>33157 US</b>		3. Mailing Office Address 16101 SW 98TH AVENUE Suite, Apt. #, etc. City & State <b>MIAMI, FL</b> Zip Country <b>33157 US</b>	
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CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 07/11/2002	
5. FEI Number 01-0736349	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <b>CAMPOS, EDWARD M</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>16101 SW 98TH AVENUE</b>			
Suite, Apt. #, Etc.			
City <b>MIAMI</b>		State <b>FL</b>	Zip Code <b>33157</b>

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12/29/15--01022--012 \*\*900.00

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

*Edward M. Campos*

Date 12/28/2015

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida 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	CAMPOS, EDWARD M	16101 SW 98TH AVENUE	MIAMI, FL 33157

10. E-mail Address: EMCAMPOS72@YAHOO.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Edward M. Campos*

12/28/2015

786-278-5119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. ASHTON