


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000104518

1. Entity Name
A E TOWING & RECOVERING, INC.



Principal Place of Business Mailing Address

**4201 NE 102 ST.
OPA LOCKA, FL 33055** **4201 NE 102 ST.
OPA LOCKA, FL 33055**

2. Principal Place of Business 3. Mailing Address

4201 NW 192 st. **4201 NW 192 st**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Opalocka FL **Opalocka FL**

Zip Country Zip Country

33055 USA **33055 USA**


8. Name and Address of Current Registered Agent

**ESPINOSAAURA, AURA A
4201 NW 192 ST.
OPA LOCKA, FL 33055**

FILED
05 APR 28 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05



04272005 REIN-0007 8 CR2008 (6/04)

4. FEI Number Applied For

51-0430373 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Aura Espinosa* DATE: 4/27/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOSA, AURA A	NAME	
STREET ADDRESS	4201 NW 192 ST.	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 33055	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	600054285986
STREET ADDRESS		STREET ADDRESS	05/11/05--01049--017 **300.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Aura Espinosa* DATE: 4/27/05 Daytime Phone #: 786 2996684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Rogers APR 28 2005