

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR 29 PM 12:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # PO2000/07012					
1. Corporation Name Interstate towing Services Inc.					
2. Principal Office Address 1100-SW 21 Ave Suite, Apt. #, etc.			3. Mailing Office Address 6-nw-19 Ave - Suite, Apt. #, etc.		
City & State Miami Florida Zip 33135			City & State Miami Fl. Zip U.S.A.		
4. Date Incorporated or Qualified To Do Business in Florida		10/3/2002		5. FEI Number 76-071-608	
6. CERTIFICATE OF STATUS DESIRED ☐		\$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	

7. Name and Address of Current Registered Agent		
Name Paul Antunez Junior		
Street Address (P.O. Box Number is Not Acceptable) 1100- SW- 21 Ave.		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33135

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 Paul Antunes Junior Date 3/22/2004

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
President	Raul Antonez Jr	1100-SW-21 Ave.	Miami FL 3313
Secretary	Yanyan Lath-Aus	1100-SW 21 Ave.	Miami FL 3313

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 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)(f), 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: Raul Arceles Juarez (305) 796-1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/22/2004
Date Daytime Phone #

or 786-443-8867

CA25081 (01/04)