

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 20 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000112477*

1. Corporation Name

Power Towing Services, Inc
5

2. Principal Office Address

5301 Indian Hill Rd.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32808

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

200027095642
01/16/04--01033--001 **150.00

200027095642
03/09/04--01025--003 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/02

5. FEI Number

61-1429643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HILAIRE VOLCY

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

5301 Indian Hill Rd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *1-13-04*

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
<i>P</i>	<i>Hilaire Volcy</i>	<i>5301 Indian Hill Rd</i>	<i>Orlando, FL 32808</i>
<i>VP</i>	<i>Yolane Laborde</i>	<i>5301 Indian Hill Rd</i>	<i>Orlando, FL 32808</i>

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-13-04

Daytime Phone #

CR2E081 (10/02)

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282
February 27, 2004

Secretary of State
Division of Corporation
P.O. Box 6237
Tallahassee, FL 32314

Re: Power Towing Services, Inc.
Annual Report

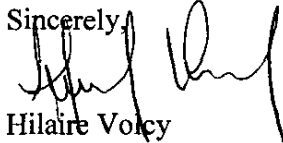
Dear Sir/Madam:

Enclosed are the letter I sent in October with a check for \$150, letter from you dated January 20th, 2004 and a check for \$150.00 for 2004 annual report fee. As you can see from the letter dated October 28th, I called to inform your office that I did not receive the annual report for 2003. I was also not aware of the fact when the reporting time was, since it was my first year as corporation. At the time I was told to send a letter and a check for \$150 and you will waive the penalty. I did as I was told and I received the letter dated December 22nd with the attached form. I filled the form and sent it, but I receive a letter requesting \$750.

I called yesterday and was told to send \$150 for 2004 and that will take care of the problem.

Please let me know if you have any questions.

Sincerely,



Hilaire Volcy
Presidnet

Encls.