PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 AUG 31 AM 9:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000135464

1. Corporation Name
Mauldins Automotive Towing Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1120 Joes Rd	1120 Joes Rd
Suite, Apt. #, etc 1120 Joes Rd	Suite, Apt. #, etc.
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip / Country 32305 / USA	Zip / Country 32305 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ 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
George R Harper
Street Address (P.O. Box Number is Not Acceptable)
378 Bark Dr. East
Suite, Apt. #, Etc.
Tallahassee
City
Tallahassee
State FL Zip Code 32305

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08/31/18--01004--001 **1050.00

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 George R Harper
REGISTERED AGENT MUST SIGN
Date 8/31/18

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	George Harper	378 E Bark Dr Tallahassee FL 3235	Tallahassee, FL 32305
V.P	Terry Mauldin	35 Nancy Ellen St	Crawfordville, FL 32327
		REINSTATEMENT	
		2017-2018	

10. E-mail Address: mauldinstow@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: George R Harper 8/31/18 850-350-9023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AUG 30 2018
M. WILLIAMS