

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000065013

**1. Corporation Name**

E.V. TOWING INC

2302 CARRINGTON ST

**2. Principal Office Address**

2302 CARRINGTON ST

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

ORLANDO FLORIDA

**City & State**

**Zip**

32807

**Country**

ORANGE

**Zip**

**Country**

**4. Date Incorporated or Qualified**

To Do Business in Florida, 06/09/2003

**5. FEI Number**

20-0041726

**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**

ELBA VAZQUEZ

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

2302 CARRINGTON DR

Suite, Apt. #, Etc.

**City**

ORLANDO

**State**

FL

**Zip Code**

32807

**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

Date

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
	ELBA VAZQUEZ	2302 CARRINGTON DR	ORLANDO FL 32807

**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:

Elba Vazquez

Date

Daytime Phone #

900042163639  
10/25/04--01080--011 \*\*150.00

CR2E081 (01/04)

2027

OCTOBER 21, 2004.

To Whom It May Concern:

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I DID NOT FILED MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.

  
\_\_\_\_\_  
ELBA VAZQUEZ (PRESIDENT)

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