


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 JAN -9 AM 10:09
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000063046

1. Corporation Name

CAROL CITY TOWING INC.

REINSTATEMENT 05-06

2. Principal Office Address
4430 NW 201 ST

Suite, Apt. #, etc.

3. Mailing Office Address
4430 NW 201 ST

Suite, Apt. #, etc.

City & State
CAROL CITY, FL

Zip
33055

Country
USA

City & State
CAROL CITY, FL

Zip
33055

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/14/2004

5. FEI Number
20-1012072

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
ANTONIO RISCO

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

4430 NW 201 ST

Suite, Apt. #, Etc.

City
CAROL CITY

State
FL

Zip Code
33055

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

Antonio Risco
REGISTERED AGENT MUST SIGN

Date 01-06-2006

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
PVTD	ANTONIO RISCO	4430 NW 201 ST	CAROL CITY FL 33055
SD	MARIA DE LOS ANGELES DOMINGUEZ	4430 NW 201 ST	CAROL CITY FL 33055

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 contained in Chapter 119, 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:

Antonio Risco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-2006

Date

Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

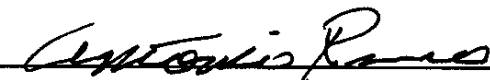
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEAR OF 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEES, I AM ALSO INCLUDING THE 2006 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



ANTONIO RISCO
PRESIDENT