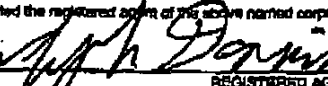


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000091564					
1. Corporation Name Big Joe's Towing Service Inc.					
2. Principal Office Address 514 SW 2nd Avenue			3. Mailing Office Address 514 SW 2nd Avenue		
4. City, Apt. #, etc.			5. City, Apt. #, etc.		
6. City & State Ocala, Fl.			7. City & State Ocala, Fl.		
8. Zip 34474		Country		9. Zip 34474	
		Country		10. Date incorporated or Qualified To Do Business in Florida 06-01-2004	
11. FEI Number 20-1220787				12. Applied For ☐ Not Applicable	
13. CERTIFICATE OF STATUS DESIRED ☐				14. \$9.75 Additional Fee required for a Certificate of Status	
15. Name and Address of Current Registered Agent					
Name Joseph Dennis					
Street Address (P.O. Box Number is Not Acceptable) 1121 SW 5th Street					
Suite, Apt. #, Etc.					
Ocala				State FL	
				Zip 34474	
16. Being appointed the registered agent of the above named corporation, am I hereby with and accept the obligations of section 607.0503 or 617.0503, F.S.					
Signature of Registered Agent 		Date 11/17/06			
17. 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	
pres	Joseph Dennis	1121 SW 5th Street		Ocala, Fl. 34474	
18. 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 in this application is true and accurate, and my signatures shall have the same legal effect as if made under oath.					
SIGNATURE: 		Date 11/17/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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B. Mitchell NOV 17 2006

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

BIG JOE'S TOWING SERVICE INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
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