

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 12:39

DOCUMENT # **P04000093797**

1. Corporation Name

Ban Shee's Towing Inc.

2. Principal Office Address - No P.O. Box #

10600 S. Orange Ave

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32824

Country

Orange

3. Mailing Office Address

305 Gardenia Rd

Suite, Apt. #, etc.

City & State

Kissimmee FL

Zip

34743

Country

Osceola

4. Date Incorporated or Qualified
To Do Business in Florida

6/18/04

5. FEI Number

34-2001605

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
Efrain Vazquez

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

Suite, Apt. #, Etc.

City
Kissimmee

State
FL

Zip Code
34743

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **4/15/08**

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
President	Efrain Vazquez	305 Gardenia Rd	Kissimmee, FL 34743
Vice President	Shaily Ortiz	305 Gardenia Rd	Kissimmee, FL 34743

REINSTATEMENT

06-08

TJ. 4/22/08

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:

[Signature] Efrain Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

407-709-2840

Daytime Phone #