

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

06 NOV -3 AM 9:37

DOCUMENT # P04000096882

1. Corporation Name

A TO Z TOWING SERVICES, INC.

2. Principal Office Address

612 NW 8th STREET.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

Zip

33311

Country

BROWARD

3. Mailing Office Address

612 NW 8th STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

Zip

33311

Country

BROWARD

REINSTATEMENT 05-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/25/2004.

5. FEI Number

20-1295444.

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

KERLY BLANC

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

612 NW 8th STREET.

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33311.

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

10/30/06

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
PSTD	KERLY BLANC	612 NW 8 th STREET.	FT. LAUDERDALE, FL 33311
NPD	JEAN M. BLANC	612 NW 8 th STREET	FT. LAUDERDALE, FL 33311

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/06 (754) 368-0803

Date

Daytime Phone #