

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 22 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000119294

1. Corporation Name

TIFFANY'S TOWING INC

600177069656
04/22/10--01028--012 **450.00

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

323 AYLESBURY CT

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

Zip

34758

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/2004

5. FEI Number

20-1503489

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

MIGUEL C. SARDUY

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

323 AYLESBURY CT

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34758

☒ 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

Miguel C. Sarduy

REGISTERED AGENT MUST SIGN

Date 03/08/2010

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
DPT	SARDUY, MIGUEL C	323 AYLESBURY CT	KISSIMMEE, FL 34758

004/22

10. E-mail Address:

(To be used for future annual report notification)

11. 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, I further certify, 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:

Miguel C. Sarduy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/10

Date

407-235-8618

Daytime Phone #