

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 23 PH 1:09

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PS000056787

1. Corporation Name

Jun Bug Towing Inc.

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

11205 NW 112 St

Suite, Apt. #, etc.

3. Mailing Office Address

1760 NE 169 St

Suite, Apt. #, etc.

City & State

Miami, FL 33168

City & State

NMB, FL 33162

Zip

33168

Country

Dade

Zip

33162

Country

Dade

7. Name and Address of Current Registered Agent

Name

Roberto Rodriguez

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

11205 NW 112 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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

Roberto Rodriguez
REGISTERED AGENT MUST SIGN

Date 07-20-2010

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
President	Roberto Rodriguez	11205 N.W. 112 St.	Miami, FL 33168

REINSTATEMENT

10. E-mail Address: mini1969@live.com

(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:

Roberto Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-20-2010 786-260-3128

Date

Daytime Phone #

Per conversation Ms. Miriam Maravilla the RA is Mr. Roberto Rodriguez