

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 22 PM 12: 07

DOCUMENT # **PO5000068149**

1. Corporation Name

**CHALLENGER TOWING & WRECKER
SERVICES, INC.**

400139235334
12/23/08--01018--009 **300.00

REINSTATEMENT
CR2E081 (1/07)

07-08^{KS}

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

601 NW 88ST

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

DADE

3. Mailing Office Address

601 NW 88ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33150

Country

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

5. FEI Number

94-3459096

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

NANCY ALBEAR

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

601 NW 88ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150



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

Nancy Albear
REGISTERED AGENT MUST SIGN

Date **12/19/08**

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
P	NANCY ALBEAR	601 NW 88ST	MIAMI, FL 33150

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:

Nancy Albear **NANCY ALBEAR** **12/19/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #