

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000082063

1. Entity Name

ZUNI'S TOWING & RECOVERY, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 PM 12:11

REINSTATEMENT

06-07

Principal Place of Business

15800 SW 98TH CT
MIAMI, FL 33157

Mailing Address

15800 SW 98TH CT
MIAMI, FL 33157

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



04172007

REIN-P

CR2E098 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTRELLA, ZUNILDA
15800 SW 98TH CT
MIAMI, FL 33157

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Zunilda Estrella

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PTS
ESTRELLA, ZUNILDA
15800 SW 98TH CT
MIAMI, FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
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CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

300098045243
04/24/07--01004--003 **\$300.00

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other lines empowered.

SIGNATURE

Zunilda Estrella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #